



Date:

To:

Employee Health Clinic Attn: Occupational Health Provider 1492 S Mill Ave, Suite 105

Tempe AZ 85281

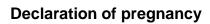
Please read and comp	olete the f	following	information:
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Regulatory Guide 8.13 which discusses radiation risks to the embryo/fetus.	on expectate of the program women and neath
☐ I understand that the U.S. Nuclear Regulator established that the dose to the embryo/fetus remaintained As Low As Reasonably Achievable entire pregnancy. Also, in order to maintain unit limited to 50 mrem per month once the pregnancy.	esulting from occupational exposure be (ALARA) and not to exceed 500 mrem for the form exposure during this period, the dose is
☐ I understand that submission of this form will or potential for promotion.	Il in no way affect my salary, benefits, seniority
Form" to the Radiation Safety Officer at Arizona	er pregnant or I choose to no longer have fetal ne "Discontinuance of Declaration of Pregnancy a State University and I do not have to provide a
reason.	



## **Declaration of pregnancy checklist**

Pregnancy was declared to the radia Informational meeting scheduled with	h worker by supervisor.		
Radiation exposure history discussed.			
Exposure Limit for gestational period			
Exposure from time of conception to declaration.			
Exposure allowed for remainder of p			
External and internal hazards from to applicable.	he nuclides use in the lab were discussed, if		
□ Need for internal monitoring reviewer	ed and discussed; if applicable		
Radiation protection for the pregnan discussed.	t worker and radiation risk for the unborn child were		
Radiation dose limits of 500 mRem	per gestational period were discussed		
Informational literature provided to ra			
	external exposure to abdomen (fetus).		
Badging frequency of worker switched			
	egnancy form to stop fetal monitoring.		
☐ Provided with the U.S. Nuclear Regu	ulatory Commission's Regulatory Guide 8.13.		
I, (First and last name)items which were discussed with the rad	, have reviewed and understand the above liation safety officer.		
Radiation worker signature	Date		
Employee Health clinician signature	 Date		
Radiation safety officer signature	Date		





## Discontinuance of pregnancy declaration

Date:	
То:	Employee Health Clinic Attn: Occupational Health Provider 1492 S Mill Ave, Suite 105 Tempe AZ 85281
officially	nd last name), do hereby <b>voluntarily</b> declare that I an notifying you that I am no longer declaring my pregnancy for purposes of fetal y monitoring.
	eturn my annual limits as described by the Regulatory Dose Limits for Radiation Please discontinue the fetal dosimetry monitoring.
Radiatio	n worker signature Date