



## Declaration of pregnancy

**Date:**

**To:** Employee Health Clinic  
Attn: Occupational Health Provider  
1492 S Mill Ave, Suite 105  
Tempe AZ 85281

**Please read and complete the following information:**

I, (First and last name) \_\_\_\_\_ do hereby **voluntarily** declare that I am pregnant and that my Estimated Date of Conception (ECD) to have been approximately (Month/year) \_\_\_\_\_.

I understand that I may voluntarily change my status from pregnant to non-pregnant at any time during the pregnancy.

I understand that special precautions are necessary to protect the embryo/fetus. There is substantial scientific evidence indicating that the embryo/fetus is more sensitive to radiation exposure than an adult and there is an increased risk to the health of the embryo/fetus from such exposure. I have been given access to the [U.S. Nuclear Regulatory Commission's Regulatory Guide 8.13](#) which discusses radiation exposure of the pregnant worker and health risks to the embryo/fetus.

I understand that the [U.S. Nuclear Regulatory Commission \(10 CFR 20.1208\)](#) has established that the dose to the embryo/fetus resulting from occupational exposure be maintained As Low As Reasonably Achievable (ALARA) and not to exceed 500 mrem for the entire pregnancy. Also, in order to maintain uniform exposure during this period, the dose is limited to 50 mrem per month once the pregnancy is known.

I understand that submission of this form will in no way affect my salary, benefits, seniority or potential for promotion.

I further understand that when I am no longer pregnant or I choose to no longer have fetal dosimetry monitoring, I can voluntarily submit the "Discontinuance of Declaration of Pregnancy Form" to the Radiation Safety Officer at Arizona State University and I do not have to provide a reason.

I have been provided with and have read and understand this Declaration of Pregnancy.

\_\_\_\_\_  
**Radiation worker signature**

\_\_\_\_\_  
**Date**



**Declaration of pregnancy checklist**

- Pregnancy was declared to the radiation safety officer in writing.
- Informational meeting scheduled with worker by supervisor.
- Radiation exposure history discussed.
- Exposure Limit for gestational period of 500 mRem TEDE.
- Exposure from time of conception to declaration.
- Exposure allowed for remainder of pregnancy.
- External and internal hazards from the nuclides use in the lab were discussed, if applicable.
- Need for internal monitoring reviewed and discussed; if applicable
- Radiation protection for the pregnant worker and radiation risk for the unborn child were discussed.
- Radiation dose limits of 500 mRem per gestational period were discussed
- Informational literature provided to radiation worker
- Separate badge ordered to monitor external exposure to abdomen (fetus).
- Badging frequency of worker switched to monthly, if necessary.
- Discontinuance of Declaration of Pregnancy form to stop fetal monitoring.
- Provided with the U.S. Nuclear Regulatory Commission's Regulatory Guide 8.13.

I, (First and last name) \_\_\_\_\_, have reviewed and understand the above items which were discussed with the radiation safety officer.

\_\_\_\_\_  
**Radiation worker signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Employee Health clinician signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Radiation safety officer signature**

\_\_\_\_\_  
**Date**



## Discontinuance of pregnancy declaration

**Date:**

**To:** Employee Health Clinic  
Attn: Occupational Health Provider  
1492 S Mill Ave, Suite 105  
Tempe AZ 85281

I, (First and last name) \_\_\_\_\_, do hereby **voluntarily** declare that I am officially notifying you that I am no longer declaring my pregnancy for purposes of fetal dosimetry monitoring.

Please return my annual limits as described by the Regulatory Dose Limits for Radiation Workers. Please discontinue the fetal dosimetry monitoring.

\_\_\_\_\_  
**Radiation worker signature**

\_\_\_\_\_  
**Date**