



VT EHS Voluntary Declaration of Pregnancy

Voluntary Declaration of Pregnancy

<p>PART I (TO BE COMPLETED BY WORKER):</p> <ol style="list-style-type: none"> 1. Complete the information requested below 2. Read the information provided 3. Sign and date at the end of Part I 4. Return completed form to the Radiation Safety Office by email: <i>dcon@vt.edu</i> 			
Name (<i>Last, First, MI</i>)			
PID:		University ID #	
Department			
Title/Job duty title			
Dosimetry currently issued?		Yes/No	
Approximate date of conception?			
Approximate due date?			
Lead apron available/applicable?		Yes/No/NA	
If "YES", please indicate the type of work / equipment to be performed / used:			
<ul style="list-style-type: none"> • <i>I have been advised of the potential health risks to the embryo/fetus associated with radiation exposure.</i> • <i>I have been advised, that the Virginia Department of Health requirements i limit dose to the embryo to <u>500 mrem</u> for the entire gestation period.</i> • <i>I have been advised that upon request, the Radiation Safety Office will assist in discussion of how to limit my radiation exposure during my pregnancy.</i> • <i>I understand that to obtain the accommodation of fetal dosimetry, I must voluntarily inform the Radiation Safety Office in writing of my pregnancy.</i> • <i>I understand that I may withdraw my request at any time and for any reason prior to the end of my pregnancy.</i> 			

