



Declared Pregnancy Request Form

Voluntary Declaration of Pregnancy Request to Monitor Dose to Embryo/Fetus

Applicant's Information

In order to maintain dose to the embryo/fetus as low as is reasonably achievable, and to limit exposure to less than 500 mRem for the entire gestation period, I request that the possible exposure to the embryo/fetus be evaluated and that if I am likely to receive more than 10 mRem /month a film badge monitor be issued to me.

Name	Department	Phone #	Email
I already have a film badge		Estimated Conception Date	Estimated Due Date
<input type="checkbox"/> Yes <input type="checkbox"/> No If no, a film badge request form must be completed.			
Occupational exposure (Please explain)			

Acknowledgement and Signature

I understand that my badge is to be worn as instructed and is not to be taken from the workplace. If the badge is accidentally exposed to radiation or possibly damaged I will notify the Radiation Safety Officer as soon as possible.

By signing below I acknowledge that I have met with the Radiation Safety Officer and discussed the regulations of fetal badge monitoring as related to my pregnancy including but not limited to the wearing and measurement readings of the film badge assigned to me. I have received a copy of the most frequently asked questions and answers regarding prenatal radiation exposure and I have been given the opportunity to receive a copy of the Regulatory Guide regarding fetal monitoring as set for the by the US Nuclear Regulatory Commission.

I understand that if I have any questions during the course of my pregnancy regarding prenatal radiation exposure I will promptly contact the Radiation Safety Officer.

Applicant's Name (Print Name)	Signature	Date
Radiation Safety Officer (Print Name)	Signature	Date