



RADIATION SAFETY DEPARTMENT

**WEST VIRGINIA UNIVERSITY • HEALTH SCIENCES CENTER • WVU HOSPITALS
JEFFERSON MEDICAL CENTER • FAIRMONT REGIONAL CANCER CENTER**

G-139 Health Sciences Center • PO Box 9006 • Morgantown, WV 26506-9006 • Phone: 304-293-3413 • Email: radiationsafety@hsc.wvu.edu

DECLARATION OF PREGNANCY

I, _____, hereby wish to declare my pregnancy to the
(Print Full Name)

Radiation Safety Officer for West Virginia University and WVU Hospitals. I informed my immediate supervisor, _____, in writing on _____, 20____.
(Print Supervisor's Full Name) (mm/dd) (yy)

I believe I became pregnant in _____.
(mm/yy)

The following checklist reflects the issues addressed by the Radiation Safety Department regarding my pregnancy:

- | | <u>Please Initial</u> |
|---|-----------------------|
| 1) I have been advised of the risks of radiation exposure to the embryo/fetus. | _____ |
| 2) I have reviewed my radiation exposure history with the RSO. | _____ |
| 3) I have been advised of radiation protective measures. | _____ |
| 4) Having been so informed, I wish to continue my employment during my pregnancy. | _____ |

I have chosen to declare my pregnancy and requested that the Radiation Safety Officer provide me with information on risks to the embryo/fetus from occupational radiation exposure and review methods that may be used to keep doses low. I understand that for protection of the embryo/fetus of a declared pregnant woman, the dose limit is 0.5 rem (5 mSv) during the entire pregnancy. A monthly fetal radiation monitoring device will be assigned to me to monitor the embryo/fetal dose rate that I have agreed to wear on my waist in addition to my individual monitoring device. I understand that meeting the lower dose limit may require a change in job or job responsibilities during my pregnancy. This change in monitoring, as well as the associated dose restrictions, remains in effect until the declaration is withdrawn in writing or until I notify Radiation Safety Department that I am no longer pregnant.

Signature of Occupational Worker

Department

Date (mm/dd/yyyy)

Director and Radiation Safety Officer

Date (mm/dd/yyyy)