

OREGON HEALTH & SCIENCE UNIVERSITY
RADIATION SAFETY OFFICE

PREGNANCY DECLARATION FORM

I, _____ (print name), voluntarily declare my pregnancy so the Radiation Safety Office can monitor any work related radiation exposure to the embryo/fetus.

I will be issued a dosimeter for abdominal (fetal) monitoring if I continue working where I may expect exposures greater than 20 mrem per month. If I do not meet the above requirements, I will only receive a fetal dosimeter upon request.

If I receive a fetal dosimeter, I will wear it at waist level to monitor fetal exposure. If a lead apron is worn, the dosimeter will be worn beneath the apron.

The Oregon Administrative Rules for the Control of Radiation limit the dose to an embryo/fetus to 500 mrem (5mSv) for the entire pregnancy for DECLARED pregnant women. However, the OHSU annual limit for a declared pregnant worker is 250 mrem (2.5mSv). A review and/or copy of my exposure history will be available at the Radiation Safety Office.

Approximate Due Date: _____
Department: _____
Phone: _____
Social Security Number: _____
Date of Birth: _____

Prior name on badge if different from the current badge issued: _____

Signature: _____

Please return the completed form to the Radiation Safety Office at mail code: PP-170.

If you have any questions, please contact the Radiation Safety Office at 503-494-7795.