**DECLARATION OF PREGNANCY**

**Date (of declaration):** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**To: Wright State University** **Radiation Safety Office**

**From (your name):** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

This completed form letter is being submitted today to the Wright State University Radiation Safety Office and is the official notification to Wright State University Radiation Safety Program that I am pregnant.

I understand this declaration of pregnancy is a personal choice and optional under Wright State University's Radiation Safety Program. I understand that during the period of pregnancy declaration my occupationally allowed radiation dose will be reduced to 500 millirem to the fetus. I understand, again because of personal choice, I may "undeclare" my pregnancy, in writing, at any time.

I provide the following information to ensure regulatory requirements are met and to assist in determining if additional monitoring or special precautions are necessary.

Information Regarding My Exposure To Ionizing Radiation

[ ] I work with radioactive material under the supervision of (AU(s) name)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Radionuclides I will be using or have used during my pregnancy \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[ ] I work with radiation generating equipment (RPD) under the supervision of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

RPD I will be using or have used during my pregnancy \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[ ] I am exposed to radiation from the following radionuclide(s) or RPD, but I am not current working with them \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Information Regarding My Pregnancy

My estimated date of conception is \_\_\_\_\_\_\_\_\_\_\_\_\_\_ My delivery date is on or about \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Information Regarding My Dosimetry

[ ] I am currently issued the following personnel monitoring dosimetry

 [ ] 1 whole body dosimeter [ ] 2 whole body dosimeters [ ] hand (ring) dosimeters

[ ] I am currently not issued any radiation monitoring dosimetry

For any questions call me at my work number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ or my home number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I am aware the Radiation Safety Office has copies of NRC regulatory guide 8.13 “*Instruction Concerning Prenatal Radiation Exposure*” that I may review and I can also obtain a copy from the NRC website, [www.nrc.gov](http://www.nrc.gov). I understand I may speak with a member of the Radiation Safety Office about my radiation exposure. The Radiation Safety Officer is open to consultation if any questions or concerns arise.