



OLD DOMINION UNIVERSITY

Declaration of Pregnancy Form

Full Name: _____

Email Address: _____

University ID#: _____

Phone Number: _____

Date of Birth: _____

In accordance with US NRC Regulations, 10 CFR 20.1208 and VA Radiation Protection Regulations, 12VAC5-481-710, "Dose to an embryo/fetus," I am submitting this *Declaration of Pregnancy*. My estimated date of conception is _____ of _____. I understand that this declaration is voluntary and I may revoke this declaration at any time.

Month Year

I understand that the radiation dose to the embryo/fetus of a declared pregnant woman shall not be allowed to exceed 500 millirem (5 mSv) over the entire gestation period. and that monthly occupational radiation exposure should be kept as uniform as possible over this period. I further understand that meeting this lower dose limit may require a change in job or job responsibilities during my pregnancy.

I understand that I may bring any questions or concerns about this Program, or any other radiation safety issues to Old Dominion University's Radiation Safety Officer by contacting the EH&S Office at (757) 683-4495 or EHSdept@odu.edu.

I understand that I will advise Old Dominion University's Radiation Safety Officer and my Supervisor/ PI when I am no longer pregnant.

Signature

Date

EH&S Use Only

Date Form Received by EH&S: _____

Fetal Badge Issued: Yes No

Date of individual counseling: _____

Date fetal badge issued: _____