

Voluntary Declaration of Pregnancy

Environmental Health and Safety
P.O. Box 400322
University of Virginia
Charlottesville, VA 22901

dec.doc rev 11/08

PART 1 (TO BE COMPLETED BY WORKER):

1. Provide the information requested below
2. Read the information provided
3. Sign and date at the end of Part 1
4. Return completed form to the Environmental Health and Safety Office (EHS) at the address provided above

Name (Last, First, MI – Please print)

UVa Computing ID (e.g. drr2c)

Estimated Conception Date

Title

Department

Will you be performing any procedures that will require you to wear a lead apron? YES / NO (circle one)
If "YES", please indicate the type of work / equipment to be performed / used:

I have been advised of the potential health risks to the embryo/fetus associated with radiation exposure. I have also been advised of the Nuclear Regulatory Commission (NRC) requirements of 10CFR20 that the dose to the embryo/fetus for occupational exposure of the expectant mother be limited to 500 mrem for the entire gestation period.

I have been advised that, if I request it, EHS will assist in limiting my radiation exposure during my pregnancy in accordance with the Prenatal Radiation Exposure Policy as outlined in the UVA Radiation Safety Guide.

I also understand that to obtain this accommodation, I must voluntarily inform EHS in writing of my pregnancy so that they can assist in limiting my radiation exposure to appropriate levels and, if necessary, administer the appropriate dose monitoring.

I understand that the radiation exposure of pregnant employees must be limited in accordance with the following:

1. The dose to an embryo/fetus during pregnancy, due to occupational exposure of a declared pregnant woman, shall not exceed 500mrem.
2. Efforts will be made to avoid substantial variation above a uniform monthly exposure rate so as to satisfy the 500mrem limit.

I hereby declare my pregnancy and request that EHS assist in limiting my radiation exposure under the provisions of the Prenatal Radiation Exposure Policy as outlined in the Radiation Safety Guide.

I understand that I may withdraw my request at any time and for any reason prior to the end of my pregnancy. I also understand that this accommodation is only available as long as I am pregnant and that I must notify EHS when I am no longer pregnant.

Signature

Date

PART 1 (TO BE COMPLETED BY EHS):

Date Badge issued:

Badge Series:

Remarks

HP Name (Please print)

HP Signature

Date Received by EHS

Voluntary Declaration of Pregnancy - Withdrawal

Environmental Health and Safety
P.O. Box 400322
University of Virginia
Charlottesville, VA 22901

dec_withdraw.doc rev 11/08

PART 1 (TO BE COMPLETED BY WORKER):

5. Provide the information requested below
6. Read the information provided
7. Sign and date at the end of Part 1
8. Return completed form to the Environmental Health and Safety Office (EHS) at the address provided above

Name (Last, First, MI – Please print)

UVa Computing ID (e.g. drr2c)

I have been advised of the potential health risks to the embryo/fetus associated with radiation exposure. I have also been advised of the Nuclear Regulatory Commission (NRC) requirements of 10CFR20 that the dose to the embryo/fetus for occupational exposure of the expectant mother be limited to 500 mrem for the entire gestation period.

I have previously declared my pregnancy and requested that EHS limit my radiation exposure under the provisions of the Prenatal Radiation Exposure Policy as specified in the Radiation Safety Guide. I understand that I may withdraw my request at any time and for any reason prior to the end of my pregnancy.

I hereby withdraw my request that EHS limit my radiation exposure under the provisions of the Prenatal Radiation Exposure Policy.

I understand that, by withdrawing my request, EHS will apply the NRC dose limits applicable to occupational workers. I make this decision voluntarily and have had the opportunity to ask questions concerning the potential health risks to me and to my embryo/fetus.

Signature

Date

PART 1 (TO BE COMPLETED BY EHS):

Date Signed Declaration Received by EHS

Time

Remarks

HP Name (Please print)

HP Signature

Date