



Radiation Safety Office

Control of Radiation Exposure During Pregnancy

Name (Print) _____
Last First Middle Initial

Department _____

Other Employment as Radiation Worker. If none, initial here _____

Institution _____

Address _____

Contact Person _____

Telephone # _____

In signing this form, it is acknowledged that :

- 1) I voluntarily declare my pregnancy. My estimate of the date of conception is _____ .
- 2) I have received oral instruction and have read and understood the material presented in U.S. Nuclear Regulatory Commission Guide 8.13, Revision 3 (June 1999).
- 3) The University of Toledo Radiation Safety Officer or his designate provided a discussion period following the above instruction, during which my questions, if any were answered satisfactorily.
- 4) I understand that NRC recommendations and NRC Regulation 10CFR 20 limit the radiation dose to the embryo/fetus to .5 rem during the term of pregnancy. The primary method of monitoring exposure from external radiation sources will be a dosimeter properly worn by me near the waist and under any protective device.
- 5) I acknowledge that my personal dosimetry records indicate a whole body exposure of _____ mrem from the time of conception through the date of my declaration of pregnancy.

Signed _____ Date _____