

PREGNANT WORKER DECLARATION

INSTRUCTIONS: This part of the evaluation is to be completed by the pregnant worker. Forward the completed form to the Dosimetry Coordinator, Radiation Safety, 714 W. Lombard Street. When the completed form is received, Radiation Safety will evaluate your exposure history and make recommendations, which should enhance your efforts to minimize exposure to ionizing radiation during the balance of your pregnancy. You may request a confidential meeting with Radiation Safety to discuss these matters at any time by calling (410)706-6281.

1. WORKER DATA

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|---|------------------|-------------------|
| Name: (PRINT) _____ <small>(Last Name) (First Name) (M.I.)</small> | | Birth Date: _____ |
| Last 5 Digits of Soc. Sec #: _____ | | Job Title: _____ |
| Campus Address - Room/Building: _____ | | Work Phone: _____ |
| Div/Dept: _____ | | School: _____ |
| Campus: _____ | | |
| Expected delivery date: _____ | Physician: _____ | |
| Assumed Conception Date: _____ | | |
| Do you want a copy of this evaluation provided to your physician? <input type="checkbox"/> Yes - <input type="checkbox"/> No <i>If yes, provide the physician's name, mailing address and phone no.</i> | | |

2. RADIATION WORK

Will you operate a radiation producing device (e.g., x-ray machine) YES - NO
 Will you work in an area where you may be exposed to radiation from a radiation-producing device? YES - NO
If you answered 'YES' to either of the above, indicate the type(s) of machine(s) that will be used and describe your use of the machine(s) and provide the name of the person (authorized user) who is responsible for the radiation producing machine(s) below.

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|---------|--|-----------------------------------|-----------------------------------|---|--|
| Machine | <input type="checkbox"/> Diagnostic..... | <input type="checkbox"/> Fixed... | <input type="checkbox"/> Portable | <input type="checkbox"/> Therapeutic (Explain below) | <input type="checkbox"/> Dental |
| Type: | <input type="checkbox"/> Fluoroscopic... | <input type="checkbox"/> Fixed... | <input type="checkbox"/> Portable | <input type="checkbox"/> Analytical (e.g., x-ray diffraction) | <input type="checkbox"/> Other (Explain below) |

Will you use or handle radioactive material YES - NO
 Will you work in an area where you may be exposed to radiation from radioactive material? YES - NO
If you answered 'YES' to either of the above, list the radionuclide(s) and activity (ies) involved and describe your use of the material below. Be sure to provide the name of the person (authorized user) who is responsible for the radioactive material(s).

Describe your work involving radioactive material or radiation producing devices and describe the precautions you will employ to minimize exposure to ionizing radiation. You may wish to consult the person responsible for your radiation work when completing this section.

3. DOSIMETRY

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| Do you wish to receive a monthly fetal monitor to measure the exposure to the fetus? <input type="checkbox"/> YES <input type="checkbox"/> NO | Do you currently use radiation dosimeters e.g., film badges, TLDs at UMB or any other location?..... <input type="checkbox"/> YES - <input type="checkbox"/> NO <i>If 'YES', provide the name, address and contact person e.g., supervisor/dosimetry coordinator, for the location(s) where radiation dosimetry is received or used in the space below.</i> |
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4. SIGNATURES

I have read all information contained on this form and to the best of my knowledge, the information contained herein is complete and accurate. I understand the radiation dose to my embryo/fetus during my entire pregnancy will not be allowed to exceed 0.5 rem (5 millisievert) (unless that dose has already been exceeded between the time of conception and submitting this letter). I also understand that meeting the lower dose limit may require a change in job or job responsibilities during my pregnancy.

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| _____ <small>Worker's Signature/Date</small> | _____ <small>Authorized User's/Supervisor's Signature/Date</small> |
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A copy of the Nuclear Regulatory Commission Guide 8.13, "Possible Health Risks to Children of Woman Who are Exposed to Radiation During Pregnancy" will be sent to you after the receipt of this form by Radiation Safety. If you have any questions about the information requested on this form or the Pregnant Worker Program in general, please contact Radiation Safety at (410)706-6281.