

NORTH CAROLINA STATE UNIVERSITY
ENVIRONMENTAL HEALTH AND PUBLIC SAFETY
RADIATION SAFETY DIVISION

PREGNANCY DECLARATION, INSTRUCTION & DOSIMETRY EVALUATION

SECTION 1 – VOLUNTARY PREGNANCY STATEMENT

I, _____, voluntarily declare my pregnancy to North Carolina State University Radiation Safety Division, as stated in North Carolina Regulations for the Protection Against Radiation, 15A NCAC 11. The estimated date of conception for this pregnancy is

_____.
(Month) (Year)

_____ NCSU ID#: _____
Department/ Principal Investigator (nine digits)

Campus Box Number/Campus Telephone Number

SECTION 2 – INSTRUCTION TO EMPLOYEE

Oral and written information about prenatal occupational radiation exposure has been provided to the individual declaring pregnancy at this time. This information includes:

1. The risk associated with prenatal radiation exposure and methods available for minimizing risk.
2. A review of previous personnel monitoring results for the individual, if available.
3. The fetal dose limit of 0.5 rem during the gestation period for occupationally exposed declared pregnant workers.
4. The U.S. NRC *Regulatory Guide 8.13 Instructions Concerning Prenatal Radiation Exposure*.
5. An opportunity to ask questions and receive answers concerning the information provided.

[Fetal dose limits and time period information are taken from 15 NCAC 11. 1609, .1610, .1614 and the Radiation Safety Manual]

SECTION 3 – DOSIMETRY EVALUATION*

Additional fetal dosimetry devices are available for those individuals likely to receive fetal doses in excess of 10% of the established fetal dose limit, as proscribed in the 15 NCAC 11.1609, .1610, .1614. The utilization and application of such devices has been discussed with the individual declaring pregnancy at this time.

- | | | Yes | No |
|----|-----------------------------------|--------------------------|--------------------------|
| 1. | Fetal dosimetry devices offered? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. | Fetal dosimetry devices accepted? | <input type="checkbox"/> | <input type="checkbox"/> |

*Note: Fetal dosimetry service is issued for the duration of the declared pregnancy.

SECTION 4 – ACKNOWLEDGMENTS

I acknowledge that the above information relating to occupational exposure to radiation has been discussed and an opportunity to ask questions was available.

Declarer: _____ Date: _____

Radiation Safety Officer: _____ Date: _____