

**UNIVERSITY OF MISSOURI-KANSAS CITY
PREGNANCY DECLARATION POLICY**

1. Radiation workers will be informed of the policy at site-specific orientation lectures and at annual retraining.
2. Pregnant radiation workers have the option of declaring their pregnancy. To do so, the worker must contact the Division of Radiation Safety and fill out a pregnancy Declaration Form.
3. Upon completion of the form, a review of past exposure history and current working procedures will be performed with the worker by a health physicist.
4. A decision in which modifications of procedures or work assignments is required, on the basis of a health and safety concern, will be reviewed by the RSO.
5. If it is determined that the individual can continue to work safely without exceeding the limit for fetal exposure set in 10 CFR 20, the supervisor may require continued work with radioactive materials.

RadSafe 7

**UNIVERSITY OF MISSOURI KANSAS CITY
DECLARATION OF PREGNANCY**

This is to officially inform the University of Missouri-Kansas City Division of Radiation Safety that I am pregnant. The following information is being provided to assist in determining if additional monitoring or precautions are necessary.

Radiation Worker: _____ SSN _____ - _____ - _____

AU: _____ Worker's Telephone: _____

Radionuclides that have been used or will be used during pregnancy: _____

Radionuclides that are present in the laboratory I frequent, but are not used by me: _____

Radiation Producing Devices that have been used or will be used during pregnancy: _____

Estimated conception date: _____ / _____ Estimated delivery date: _____ / _____
Month year Month year

I understand that upon declaration of pregnancy, I may speak with a member of the Division of Radiation Safety about my radiation exposure. I understand that the Division of Radiation safety recommends that an appointment to speak to them be made as soon as possible. I understand that my occupational radiation dose during my entire pregnancy will not be allowed to exceed 0.5 rem (5 millisieverts), 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.

If I find out that I am not pregnant, or if my pregnancy is terminated, I will promptly inform the Division of Radiation Safety in writing that my pregnancy has ended.

Name: _____ (Print or type) _____ (Signature)

Date: _____

Division of Radiation Safety Use Only	Date Received:
Does the individual have a badge? <input type="checkbox"/> Yes <input type="checkbox"/> No	Badge Number: _____ Badge number, if issued: _____
Notes:	
Consultation Date:	By DRS Staff: