Radiation Safety | University of Maryland Baltimore
714 West Lombard Street, Baltimore, MD 21201

(410) 706-7055 Voice
(410) 706-8212 Fax

PREGNANT WORKER DECLARATION

INSTRUCTIONS: *Complete this form and email completed copy to ehsdosimetry@umaryland.edu or drop off at Radiation Safety, 714 W. Lombard Street. Radiation Safety will evaluate your exposure history and make recommendations to minimize exposure to ionizing radiation during your pregnancy. To request a confidential meeting, call (410) 706-7055.*

1. WORKER DATA

Name (Last, First, M.I.) _____ **Birth Date** _____

Last 5 Digits of Soc. Sec. # _____ **Job Title** _____

Division / Department _____ **Work Phone** _____

Email Address _____

Assumed Conception Date _____ **Expected Delivery Date** _____

2. RADIATION WORK

Please answer all questions by checking all that apply.

- 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

Machine Type: ☐ Diagnostic ☐ Fluoroscopic ☐ Therapeutic ☐ Dental ☐ Analytical

- 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 'Yes' to any of the above, indicate machine type(s) and/or radionuclide(s) involved:

Describe your work and the precautions you will take to minimize exposure. Include names of authorized user(s) responsible for machines/materials:

3. DOSIMETRY

Do you wish to receive a monthly fetal monitor to measure fetal exposure? ☐ Yes ☐ No

Do you currently use radiation dosimeters (e.g., film badges, TLDs) at UMB or any other location? ☐ Yes ☐ No

If 'Yes', provide name, address and contact person / dosimetry coordinator for each location:

4. CERTIFICATION AND SIGNATURE

I have read all information on this form and, to the best of my knowledge, the information is complete and accurate. I understand that the radiation dose to my embryo/fetus during my entire pregnancy will not be allowed to exceed **0.5 rem (5 mSv)**, and that meeting this limit may require a change in job or job responsibilities during my pregnancy.

_____ _____

Worker's Signature *Date*

A copy of NRC Guide 8.13 "Possible Health Risks to Children of Women Exposed to Radiation During Pregnancy" will be sent upon receipt of this form. Questions? Contact Radiation Safety at (410) 706-7055.