

Voluntary Declaration of Pregnancy

PART I (TO BE COMPLETED BY WORKER):		
1. Complete the information requested below 2. Read the information provided 3. Sign and date at the end of Part I 4. Return completed form to the Radiation Safety Office by email		
Name (Last, First, MI)	UVa Computing ID (e.g. drr2c)	Estimated Conception Date
Title	Department	
Will you be performing any procedures that will require you to wear a lead apron? <input type="checkbox"/> YES <input type="checkbox"/> NO If "YES", please indicate the type of work / equipment to be performed / used:		
I have been advised of the potential health risks to the embryo/fetus associated with radiation exposure. I have also been advised, that the Virginia Department of Health requirements in 12VAC5-481-710 limit dose to the embryo/fetus for occupational exposure of the expectant mother to 500 mrem for the entire gestation period.		
I have been advised that, if I request it, the Radiation Safety Office will assist in discussion of how to limit my radiation exposure during my pregnancy in accordance with the Prenatal Radiation Exposure Policy as outlined in the UVA Radiation Safety Guide. This may include emails, phone conversations, observations of work performed and discussions with your supervisor.		
I understand that to obtain this accommodation, I must voluntarily inform the Radiation Safety Office in writing of my pregnancy.		
I understand that I may withdraw my request at any time and for any reason prior to the end of my pregnancy. I also understand that this accommodation is only available as long as I am pregnant and that I must notify the Radiation Safety Office when I am no longer pregnant.		
I hereby declare my pregnancy and request that the Radiation Safety Office assist in limiting my radiation exposure under the provisions of the Prenatal Radiation Exposure Policy as outlined in the Radiation Safety Guide.		
Signature	Date	
PART II (TO BE COMPLETED BY RADIATION SAFETY):		
Date Received by OEHS	Date Badge issued:	Badge Series:
Remarks		
HP Name (Please print)	HP Signature	