

# Withdrawal of Pregnancy Declaration

<b>PART I (TO BE COMPLETED BY WORKER):</b>	
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)
Title	Department
<p>I have previously declared my pregnancy and requested that EHS limit my radiation exposure under the provisions of the Prenatal Radiation Exposure Policy as specified in the Radiation Safety Guide.</p> <p>I understand that, by withdrawing my request, EHS will apply the VDH dose limits applicable to occupational workers. I make this decision voluntarily and have had the opportunity to ask questions concerning the potential health risks to me and to my embryo/fetus.</p> <p>I hereby withdraw my request that EHS limit my radiation exposure under the provisions of the Prenatal Radiation Exposure Policy.</p>	
Signature	Date
<b>PART II (TO BE COMPLETED BY RADIATION SAFETY):</b>	
Date Received by OEHS	Total Fetal Dose Received:
Received By:	
Remarks	