

DECLARATION OF PREGNANCY

Harry S. Truman Memorial Veteran's Hospital
800 Hospital Drive, Columbia, MO 65201
Radiation Safety Office
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Summary Statement:

The radiation protection program offers employees who are occupationally exposed to ionizing radiation the option to voluntarily declare their pregnancy.

A declaration of pregnancy may be made voluntarily at any time during a pregnancy and may be withdrawn at any time. For consistency we have modeled the declared pregnancy program on the Nuclear Regulatory Commission's suggested guidance, 10 CFR 20.1003 and 10 CFR 20.1208.

Conditions:

By making a declaration of pregnancy the employee accepts the following conditions:

- The dose limit will be reduced to 500 mrem or 5 mSv to the embryo/fetus for the entire gestation period.
- The facility will make efforts to avoid substantial variation in dose, to achieve a dose rate of no more than 50 mrem or 0.5 mSv per month.
- The dose to the embryo/fetus will be taken to be the sum of:
 - The dose equivalent to the embryo/fetus from any radionuclides in the declared employee, and
 - The deep dose equivalent to the declared pregnant employee
- If the employee has already received or exceeded 500 mrem or 5 mSv by the time this declaration of pregnancy is made, the dose to the embryo/fetus will be limited to 50 mrem or 0.5 mSv for the remainder of the pregnancy.
- In order to achieve these dose limits, the facility may be required to change the employee's job or job responsibilities during the pregnancy.

Declaration of Pregnancy:

I am declaring that I am pregnant. I believe I became pregnant in _____ (only the month and year need be provided).

- I understand the radiation dose to my embryo/fetus will not be allowed to exceed 500 mrem or 5 mSv during the entire gestation period.
- I understand the conditions outlined above including the fact that meeting the lower dose limit may require a change in job or job responsibilities during my pregnancy.
- I have read the Guidance on Declared Pregnancy and the NRC's Regulatory Regulations Guide 8.13.
- I have discussed my prior and projected radiation exposure with the Radiation Safety Officer.

Signature

Date: _____

Signature of Supervisor

Date: _____

MARY ALDRICH-SARAFIANOS, RSO

Date: _____