

DECLARATION OF PREGNANCY

In accordance with the Nuclear Regulatory Commission's Guide 8.13, I am voluntarily declaring that I am pregnant.

Name (printed) _____

Estimated date of conception _____/_____/_____

Please initial the following:

____ I have been given the Nuclear Regulatory Commission's Guide 8.13.

____ I understand the recommended radiation dose to my embryo/fetus during my entire pregnancy **should not exceed 0.5 rem (5mSv)**.

____ I understand that the NCRP recommends a monthly equivalent dose limit of **0.05 rem (0.5 mSv)** to the embryo/fetus.

____ I understand that I must take measures to limit the dose to my embryo/fetus.

____ I understand a fetal dosimeter will be ordered by the Clinical Coordinator, and it must be worn at waist height under any lead aprons. I agree to exchange the fetal dosimeter monthly. I understand I must pay for this dosimeter.

____ I understand that if my monthly dose is greater than **0.1 rem (1mSv)**, I may be transferred to activities that involve negligible or no radiation hazard to the developing embryo/fetus.

____ I understand that I am responsible for completing all of the program's required clinical assignments.

____ I understand that I am releasing the school and any of its affiliated clinical agencies from ANY liability concerning my pregnancy or my unborn child.

Student Signature

Date

Witness Signature

Date