

VOLUNTARY DECLARATION OF PREGNANCY – WITHDRAWAL

Name (print): _____ V# or VCUHS ID # _____

Date of Conception (month, year): _____

Department: _____ Position: _____

I have been advised of the potential health risks to the embryo/fetus associated with radiation exposure. I have also been advised of the Nuclear Regulatory Commission (NRC) requirements of 10CFR20 that the dose to the embryo/fetus for occupational exposure of the expectant mother be limited to 500 mrem for the entire gestation period.

I have previously declared my pregnancy and requested that the Radiation Safety Section of OEHS limit my radiation exposure under the provisions of the Prenatal Radiation Exposure information in the Radiation Safety Guide. I understand that I may withdraw my request at any time and for any reason prior to the end of my pregnancy.

I hereby withdraw my request that the Radiation Safety Section of OEHS limit my radiation exposure under the provisions of the Prenatal Radiation Exposure information in the Radiation Safety Guide.

I understand that, by withdrawing my request, the Radiation Safety Section of OEHS will apply the NRC 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.

Signature: _____ Date: _____

↓ ***This section to be completed by Radiation Safety Section/OEHS:*** ↓

Date Signed Declaration Received by OEHS: _____ Time: _____

Remarks/Comments:

Radiation Safety Officer's Receipt Voluntary Declaration of Pregnancy - Withdrawal

By signing this statement, I acknowledge receipt of the voluntary declaration of pregnancy withdrawal for the above individual.

Signature: _____ Date: _____