

University of Pennsylvania

Office of Environmental Health and Radiation Safety

Text to: (267) 251-3572 or e-mail to: natj@upenn.edu

Radiation Safety Evaluation for Pregnant Personnel

Name: Penn ID #
Licensee/Department: Work Phone:
email
Position (i.e. Physician, nurse, technician, post doc, etc)

Occupational radiation exposure received as follows:

- Medical X-ray Dental X-ray Veterinary X-ray
 Other, Specify
 Nuclear Medicine
 Radionuclide: Specify nuclide(s), maximum amount handled, frequency

Date of conception **Date of delivery**

I am voluntarily declaring that I am pregnant. I have received training on the dose limits to the embryo/fetus of a declared pregnant woman as specified by the the PADEP. I have received information on biological risk and received suggestions for reducing exposure and have been given a copy of Reg. Guide 8.13.

Signature Date

RSO Staff Signature (after counseling) Date

To be completed by Radiation Safety Office

Counseling date by e-mail by phone in person

Special Precautions

External monitoring required Internal monitoring required

Type monitoring Badge Code

Signed By Date