EHRS
ENVIRONMENTAL HEALTH & RADIATION SAFETY
UNIVERSITY of PENNSYLVANIA

Text to: (267) 240-5211 or e-mail to: jjesik@upenn.edu

Radiation Safety Evaluation for Pregnant Personnel

Name: _____ Maiden Name (if applicable): _____

Penn ID # (if applicable): _____ CHOP ID # (if applicable): _____

Licensee/Department: _____ Cell 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 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

Monitoring method: Instadose+ Badge SN: _____

_____ _____

Signed By Date