

# University of Pennsylvania

Office of Environmental Health and Radiation Safety

Fax to: 215-898-0140 or e-mail to: [magilld@ehrs.upenn.edu](mailto:magilld@ehrs.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