



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: Badge SN:

Signed By _____ Date: