



DECLARATION OF PREGNANCY FORM

INSTRUCTIONS: Please read and fill out this entire form and then submit it to Radiation Safety either by email at: radiationsafety@musc.edu or by fax at: 843-792-5099.

I have been advised of the potential health risks to the embryo/fetus associated with occupational prenatal radiation exposure. I have also been advised of the Nuclear Regulatory Commission (NRC) [10CFR20.1208](#) and South Carolina Department of Health and Environmental Control (DHEC) [RHB 3.8](#) requirements that the dose to the embryo/fetus for occupational prenatal exposure of the expectant mother is to be limited to 500 mrem (5 mSv) during the entire pregnancy.

I have been advised that, if I request it, my home department in consultation with the Radiation Safety Officer (RSO) may provide additional radiation protective steps, if deemed appropriate, in accordance with the Radiation Protection for Pregnant Workers policy ([LS-7 C-198](#)).

In accordance with 10 CFR 20.1208, I am voluntarily declaring, in writing, that I am pregnant and wish to be monitored for occupational prenatal radiation exposure.

I understand that I am now subject to dose-limit restrictions to ensure that occupational prenatal radiation exposure does not exceed 500 mrem (5 mSv) during the duration of my pregnancy. At any time, I can choose to withdraw my declaration and terminate the dose-limit restrictions.

By notifying Radiation Safety, I am agreeing to wear an additional radiation badge to monitor the embryo/fetus dose.

Estimated Conception Date: _____

Estimated Due Date: _____

Series _____

Badge Coordinator _____

Printed Name _____

Email _____

By signing this document, I am officially declaring my pregnancy and I affirm that I have read and understand the information provided above. Furthermore, I agree to abide by the MUSC Radiation Protection for Pregnant Workers policy.

Signature _____

Date of Declaration _____

FOR RSO OFFICE USE ONLY
DATE RECEIVED _____
RSO SIGNATURE _____

DATE _____