



UNIVERSITY OF NE MEDICAL CENTER / NEBRASKA MEDICINE
DECLARATION OF PREGNANCY

Name of Individual:	
Employee ID #:	
Date of Conception (Mo/Yr):	
By providing this information to the Radiation Safety Officer, in writing, I am declaring myself to be pregnant as of the date shown above. Under the provisions of 180 NAC 004.13 (10 CFR Part 20.1208), I understand that my exposure will not be allowed to exceed 5 mSv (500 mrem) during my entire pregnancy, from occupational exposure to radiation. I understand that this limit includes exposure I have already received. If my estimated exposure since the above date of conception has already exceeded 4.5 mSv (450 mrem), I understand that I will be limited to no more than 0.5 mSv (50 mrem) for the remainder of my pregnancy. If I should find out that I am not pregnant, or if my pregnancy is terminated, I will inform my immediate supervisor as soon as practical.	
Signature of Individual:	Date:
Department:	
Zip Code:	Email:
Signature of Immediate Supervisor:	Date:
Printed Name of Immediate Supervisor:	

SEND TO RADIATION SAFETY OFFICE (carrie.carson@unmc.edu) or ZIP 5480
Contact Radiation Safety (ext. 9-6356) if you have any questions.

RECEIPT OF DECLARATION OF PREGNANCY (To be Completed by Radiation Safety)

Name of Supervisor:	
Name of Declared Pregnant Worker:	
I have received notification from the above named woman that she is pregnant. I am enclosing a copy of Nuclear Regulatory Commission Regulatory Guide 8.13, Revision 3 " <i>Instruction Concerning Prenatal Radiation Exposure</i> ". I have evaluated her prior exposure and established appropriate limits to control the dose to the developing embryo/fetus in accordance with limits in 180 NAC 004.13 (10 CFR Part 20.1208). She should avoid substantial exposure variations and try to maintain a uniform monthly exposure (i.e. 50 mrem/month).	
The dose to the embryo/fetus during the entire pregnancy is limited to:	_____ 500 _____ mrem
Estimated dose from time of conception to date of declaration:	_____ mrem
Remaining dose to embryo/fetus for the remainder of pregnancy:	_____ mrem
Signature of Radiation Safety Officer:	
Date Signed:	