Pregnancy Declaration, Instruction and Dosimetry Evaluation Form

I. Voluntary Pregnancy Declaration Statement for:

I voluntarily declare my pregnancy to the Office of Prospective Health, as stated in the “North Carolina Regulations for Protection Against Radiation” NCAC 15.1610 and 15.1614. The date of conception for this pregnancy is estimated to be ______________________________.

Signed:

___________________________________
(Signature of Individual Declaring Pregnancy)               __________________________
(Date)

II. Instructions

Oral and written information about radiation exposure and pregnancy has been provided to the individual declaring pregnancy at this time. This information includes:

1) The risk associated with prenatal radiation exposure.

2) Methods available for reducing possible risk.

3) An opportunity to ask questions and receive answers concerning the information provided.

III. Dosimetry

Separate fetal Dosimetry devices are available to those individuals likely to receive fetal doses in excess of 10% of the established fetal dose limit, as proscribed in NACA 15.1610 and 15.1614. The utilization and application of such devices has been discussed with the individual declaring pregnancy at this time.

Signed:

_______________________________
(Radiation Safety Officer)               __________________________
(Date)