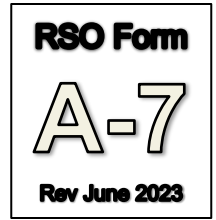




# NOTICE OF PREGNANCY



Individuals who declare pregnancy are required to complete and return this form to the Radiation Safety Office by fax (317-274-2332) or email (RADSAFE@iu.edu).

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ SSN: XXX-XX- \_\_\_\_\_

Department: \_\_\_\_\_ Campus Address: \_\_\_\_\_

Campus Phone: \_\_\_\_\_ Permit Holder or Badge Contact Person: \_\_\_\_\_

Estimated Date of Conception: \_\_\_\_\_ Are you currently badged?  Yes  No

If applicable, please list the radionuclides and the maximum radioactivity that will be utilized during your pregnancy:

In accordance with NRC regulation 10 CFR 20.1208, "Dose to an Embryo/Fetus," I am declaring that I am pregnant. I understand the radiation dose to my embryo/fetus during my entire pregnancy will not be allowed to exceed 500 mrem (unless that dose has already been exceeded between the time of conception and submitting this form). I also understand that meeting the lower dose limit may require a change in job or job responsibilities during my pregnancy.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

NOTE: A memo of recommended precautions will be sent to you.

(DO NOT WRITE BELOW THIS LINE)

BADGE DATE	mRem	TEMP BADGE #	COMMENTS	INITIALS

NOTES: \_\_\_\_\_

Lifetime: \_\_\_\_\_ mrem  
 Highest: \_\_\_\_\_ mrem on \_\_\_\_\_  
 Most Recent: \_\_\_\_\_ mrem on \_\_\_\_\_  
 Precaution Memo Sent: \_\_\_\_\_

Series Code: \_\_\_\_\_  
 Participant Number: \_\_\_\_\_