



BONSECOURS
ST Mary's Hospital
5801 Bremon Road
Richmond VA 23226

PLEASE PRINT CLEARLY AND RETURN THIS FORM TO

Karen M Marvin OP Radiology MOBN.

Name: _____ **(also list any name changes)**

Date of Declaration: _____

Due Date: _____

Department: _____

Position: _____

By providing this information to my immediate supervisor, in writing, I am declaring myself to be pregnant as of the date shown above. I understand the provision of 10CFR part 20.1208, total exposure to my unborn child from occupational exposure to radiation will not be allowed to exceed 5 mSv (500mrem) during the entire pregnancy (the dose to my unborn child shall be taken as the sum of my deep dose equivalent and the dose resulting from the intake of any radionuclides). I also understand that this limit includes any exposures I have received since conception, and that if the dose to my unborn child has already exceeded 500 mrem, the dose for the remainder of my pregnancy must be limited to 0.5mSv (50mrem). I further understand that if I should find out that I am not pregnant, or if for any reason my pregnancy is terminated, I will inform my supervisor as soon as practical. I may obtain information regarding my past personal radiation monitoring record, and guidance concerning radiation protection measure from the Radiation Safety Officer or his/her designee.

Signature: _____ **Date:** _____

SOMI Radiation Safety Officer's Receipt of Declaration of Pregnancy

By signing this statement, I acknowledge receipt of the declaration of the above individual; have provided her with an outline of potential risks from exposure to the unborn child which uses the information provided in Regulatory Guide 8.13; and have evaluated her prior exposure (internal and external) to establish appropriate limits to control the dose to her unborn child in accordance with the above stated limitations and the ALARA program.

Name: _____

Signature: _____

Date: _____