



Declaration of Pregnancy) R U P

In accordance with US NRC 5 Hgulations, 10 CFR 20.1208 D Q G 9 \$ 5 D G L D W L R Q 3 U I
5 H J X O D W L R Q V 9 \$ & to an Hmbr "Date," Ia P V X E P L W M I F Q D W D K W V R Q
3 U H J Q D Q F H V W L P D W H G G D W H R I F R Q E T H S W L R Q X Q G H U V W D Q G
Month Year
W K D W W K L V G H F O D U D W L R Q L V Y R O X Q W D U \ D Q G , P D \ U H Y R

I understand that the radiation dose to my embryo/fetus D G H F O D U H G S K D O Q D W Z
be allowed to exceed 500 mSv (5 mSv) R Y H U W K H H Q W L U H J H
P R Q W R K F O X S D r a t l a P o Q B I Q S R V X K U R H X O I G p t D M n i f o r m a s p o s s i b l e R Y H U W K L V
S H U L R G I further understand that the longer dose limit may require a change in job or
job responsibilities during my pregnancy.

I understand that I may bring any questions or concerns about this Program, or any other radiation safety issues to Old Dominion University's Radiation Safety Officer \ F R Q W ME P- E p C

Date

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