

**Case Western Reserve University (CASE)
 Department of Environmental Health & Safety (EHS)
 Radiation Safety Office (RSOF)**

DECLARATION OF PREGNANCY FORM

Name: _____ Employee/ Student ID#: _____

Declaration Date: _____ Due Date: _____

Date of Conception: _____ Birth Date: _____

Estimated Assigned Fetal Dose Between Conception & Declaration Date: _____

AU Name: _____ Department: _____

Building/ Room: _____ Phone: _____

In accordance with ODH regulation OAC 3701:1-38-12 (Occupational Dose Limits), 'Dose to an Embryo/ Fetus', I declare that I am pregnant and would like to be monitored during the remainder of my pregnancy.

Signature: _____

Month Equivalent	Film Badge Dose (mRem)	Accumulated Dose (mRem)
1	_____	_____
2	_____	_____
3	_____	_____
4	_____	_____
5	_____	_____
6	_____	_____
7	_____	_____
8	_____	_____
9	_____	_____

K1 Binary # _____ - _____

Badge# _____

Part # _____

Series Code _____

The RSOF contacts individuals who exceed the following administrative ALARA (As Low As Reasonably Achievable) limits of 50 mRem during the gestational period.

Note: M indicates exposure less than 20 mRem.

THIS REPORT IS FURNISHED TO YOU UNDER THE PROVISIONS OF THE OAC 3701:1-38-10 (Notices, Instructions, and Reports to Workers). YOU SHOULD PRESERVE THIS REPORT FOR FUTURE REFERENCE.

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