

**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 Due: \_\_\_\_\_  
 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.