

Ascension St. Vincent's Declaration of pregnancy OSL Request Form

In compliance with section 64E-5.311 of the State Radiation Protection Regulations: Dose to an embryo or fetus please provide the following information:

Please be advised that effective _____ my pregnancy was confirmed.

My estimated date of conception was: _____ My calculated due date is: _____

Please read and initial the following:

_____ I have watched the radiation safety video on My Learning entitled, "*Radiation Safety*"

_____ I understand that my fetal badge is to be worn at the waist level for the duration of my pregnancy and while I am working in an area where there is a potential for me to receive radiation.

_____ I understand the importance of wearing a protective lead apron and that the fetal radiation monitoring device will be worn under the lead apron and my personal monitoring device will be worn at collar level outside of the lead apron.

_____ I understand that the fetal dose is to be kept as low as reasonably achievable especially during the first trimester of pregnancy and that failure to be monitored during my pregnancy could cause significant health problems to me and my unborn child.

_____ I understand that the Radiation Safety Officer, Stephen Gilliland, is available for consultation, if needed.

_____ I understand that it is my responsibility to notify the RSO when my pregnancy status has changed.

Employee Signature

Date

Employee Name (printed)

Fetal Monitor order date: _____

Issued date: _____ Return date: _____

Radiation Safety Officer: _____
Signature

Date