



NEW YORK MEDICAL COLLEGE
A MEMBER OF THE Touro College and University System

Declaration of Pregnancy (CONFIDENTIAL)

Under the applicable regulations of Part 16 of the New York State Sanitary Code (Ionizing Radiation), there is a requirement for increased protection from ionizing radiation for “declared” pregnant radiation workers. The radiation dose to the embryo/fetus of a declared pregnant worker is limited to 5 mSv (0.5 rem) over the entire gestation period. By declaring one’s pregnancy, a worker is able to take advantage of special dose limits intended to protect the fetus. Declaration is not mandatory; pregnant individuals who do not declare their pregnancy will continue to receive the protection of the occupational dose limit of 50 mSv (5.0 rem). Furthermore, the declaration of pregnancy does not need to remain permanent, as the worker’s dose limits are adjusted based on her state of declaration: an employee may declare her pregnancy but may later decide to revoke the declaration. All workers are specifically protected from discharge or discrimination by their employer resulting from exercise of any option afforded by this code.

This declaration and all records relating to it are confidential and will be maintained in a separate file from personnel radiation dosimeter records.

Attention: Radiation Safety Officer (RSO). This is to notify you that I am pregnant and that I request increased protection under the requirements of 10 NYCRR 16.6(h).

My estimated date of conception was: ___/___/___

My estimated due date is: ___/___/___

My Principle Investigator is: _____

My email address: _____

Best telephone number to reach you: _____

By signing this form, I make a declaration of pregnancy and consent to a review of my radiation exposure history and working conditions by the Radiation Safety Officer. Upon completion of this review, I will be informed of my previous occupational exposure. If an adjustment of my working conditions is necessary to avoid a monthly exposure of more than 0.5 mSv (50 mrem), my Principal Investigator will not be notified prior to my written approval of such.

Print Name _____

Signature _____ Date _____



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**Review of Radiation Exposure of Declared Pregnant Radiation Worker
(Confidential)**

Job Title _____ Department _____

Average/Typical Monthly Dose _____

Estimated Dose from Conception to Declaration _____

1) Work-related Radiation Exposure Adjustment Not Indicated

Given the aforementioned radiation exposure history and occupation, the Radiation Safety Officer has determined that an adjustment of working conditions to avoid a monthly dose to the embryo/fetus of more than 0.5 mSv (0.05 rem) is not indicated. I understand that if my working conditions change during the gestation period, I will notify the Radiation Safety Officer.

2) Work-related Radiation Exposure Adjustment Indicated

Given the aforementioned radiation exposure history and occupation, the Radiation Safety Officer has determined that an adjustment of working conditions to avoid a monthly dose to the embryo/fetus of more than 0.5 mSv (0.05 rem) is indicated. I authorize the Radiation Safety Officer to discuss the adjustment of my working conditions with my Principal Investigator or Supervisor. I understand that 10 NYCRR 16.6(h) provides specific protection against discrimination or discharge by my employer due to exercise of my options under the Code. I understand that if my working conditions change during the gestation period, I will notify the Radiation Safety Officer.

Radiation Worker Signature: _____ Date: _____

RSO Signature: _____ Date: _____

For Office Use Only

Fetal Badge Assigned? <input type="checkbox"/> Yes <input type="checkbox"/> No
Assigned On: ___/___/___
Frequency: Bi / M / Qtr