



Radiation Safety

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Serving Stony Brook University, Stony Brook Medicine, & Article 28 facilities

VOLUNTARY DECLARATION OF PREGNANCY

Title _____

Department _____

Stony Brook ID# _____

Account Name/Number _____

Approximate date of conception ____/____/20____

Approximate due date ____/____/20____

I am voluntarily declaring that I am pregnant. I understand that in addition to routine monitoring devices (if assigned), I will be required to wear a fetal dosimeter at all times while working at Stony Brook University Hospital and/or University. This monitor will be worn at the waist and at the waist under a protective apron if worn. I agree to return my dosimeter promptly during the designated exchange period. I intend to follow all radiation protection instructions given to me by Radiation Safety staff to ensure that my dose to the embryo/fetus does not exceed 50mRem a month and 500mRem for the entire pregnancy.

Signature _____

Date ____/____/20____

I received copies of the following documents as part of an educational radiation safety counseling session. Initial the following to confirm receipt.

_____ Nuclear Regulatory Commission's Regulation Guide 8.13

_____ New York State 10 NYCRR 16, excerpts and link to document.

Radiation Safety Staff _____

Date ____/____/20____