FSU Dept. of Environmental Health & Safety ⬩ Radiation Safety Office
1200 Carothers Hall ⬩ Tallahassee, FL 32306-4481
(850) 644-8802 ⬩ www.safety.fsu.edu

FORM EHS 10-7

DECLARATION OF PREGNANCY

To the Florida State University Radiation Safety Officer:

In accordance with Florida radiation control regulations – section 64E-5.311, Florida Administrative Code – I am voluntarily declaring that I am pregnant.

I believe that I became pregnant on the following date:

_____ _____
Month *Year*

I understand that the radiation dose to my embryo/fetus during my entire pregnancy will not be allowed to exceed 500 millirem (unless that dose has already been exceeded between the time of conception and submitting this declaration), and every effort must be made to limit the monthly dose during the pregnancy to less than 50 millirem. I understand that meeting these dose limits may require a change in job or job responsibilities during my pregnancy.

_____
Signature

_____
Printed Name

_____
Date