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 10-9

WITHDRAWAL OF PREGNANCY DECLARATION

PART 1

(completed by the worker)

Complete the form as instructed. Read the information, then sign and date the form. Return the form to the FSU EHS Dept. Radiation Safety Section by email or by hard copy at the Radiation Safety Office in Carothers Hall.

Name: _____ FSUID: _____

Title: _____ Dept.: _____

To the FSU Radiation Safety Officer:

I have previously declared my pregnancy and requested that my radiation exposure be limited under the provisions of the FSU Radiation Safety Program and in accordance with state regulations (section 64E-5.311, Florida Admin. Code).

I hereby withdraw my request that my radiation exposure be limited as a result of my declared pregnancy. I make this decision voluntarily and have had the opportunity to ask questions concerning the potential health risks to me and to my embryo/fetus.

I understand that by withdrawing my request, any radiological work restrictions imposed as a result of the previous pregnancy declaration are lifted, and I will be subject to the dose limits for adult occupational radiation workers.

_____ _____
Signature Date

PART 2

(completed by the FSU Radiation Safety Officer)

Date Received by RSS: _____ Total Fetal Dose Received: _____

Received By: _____

Notes: _____

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