

**UNIVERSITY OF SOUTH CAROLINA  
RADIATION SAFETY OFFICE**

***DECLARATION OF PREGNANCY***

This form complies with the requirements of South Carolina Regulation 61-63 and R61-64 for declaration of a pregnancy and for limiting dose to the embryo/fetus. The dose to an embryo/fetus during the entire term of pregnancy, due to occupation exposure of a declared pregnant employee must not exceed 0.5 rem.

Name \_\_\_\_\_

SSN# XXX-XX-\_\_\_\_\_

Principal Investigator \_\_\_\_\_

List the isotopes or type of x-ray equipment that has or will be used during the term of the pregnancy

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Estimated date of conception \_\_\_\_\_

Estimated due date \_\_\_\_\_

Please inform the radiation safety office when your condition changes, ie. birth, termination or loss of pregnancy.

All records will be kept confidential.

I am voluntarily informing the University of South Carolina of my pregnancy for the purpose of monitoring dose to the embryo/fetus.

Signature \_\_\_\_\_

Date \_\_\_\_\_

**OFFICE USE:**

ACCOUNT: \_\_\_\_\_

BADGE#(S): \_\_\_\_\_

BEGIN MONTH/YR: \_\_\_\_\_

END MONTH/YR: \_\_\_\_\_