UI/VAMC Pregnancy Declaration Fillable Form

Return completed form to Laurie Scholl, Environment Health & Safety, 100 EHS

or email: laura-scholl@uiowa.edu.

Questions contact Laurie (VA 158-5753) or (UI 335-5389)

Date EHS Notified:

1. Name: **2.** Birthdate:

3.Phone No. **4.** Work Dept/Address:

5. Name of Supervisor/Principal Investigator:

6. *Approximate* Date of Conception: **7.** Due Date:

8. Radionuclides: **9.** Forms:

10. Amounts: **11.** Radiation Emitting Devices:

12. Check type of dosimeter(s) currently worn: ☐ Whole Body Badge ☐ Collar ☐ Ring ☐ Wrist ☐ Other

13. Check location of dosimeter(s) currently worn: ☐ Waist ☐ Collar ☐ Under Apron ☐ Other

14. Brief Description of Occupational Exposure:

Employee Signature: _____ **Supervisor Signature:** _____

You must download this document to add e-signature to the form.

EHS Evaluation and Recommendations:

Previous Dose History

Updated 01/2020