

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