## How to Request a Fetal Badge: Declaration of Pregnancy Application

- 1. Click here: https://muop-ehs.missouri.edu/EHSA/utility/labassessment/labassessmentEdit?pkey=0&form=MUDPF
- 2. Log in to EHSA using your PawPrint SSO:

MU EHS As	v2.0.8838.28607
MU Pawprint	
qwekf	
Password	
Ø Sign in	Grist-Time User?

3. The first page will have additional information you may review and a Comment section. Click on the Assessment Questions tab to begin completing the form.

EHSA Utility	/ Add Assessment				Save as Complete	Cancel	0 He
Instructions	Assessment Questions						
MU Declar	ation of Pregnancy Fo	rm	M	Environmental			
The purpose pregnancy to benefits of d	of this form is to declare yo the Radiation Safety Staff. eclaring pregnancy include:	our The	C	Health & Safety University of Missouri			
<ul> <li>Receive</li> <li>Your end</li> <li>quarter</li> </ul>	ving a fetal dosimeter (this ( exposure will be monitored ( erly basis)	can be in addition to y on a monthly basis as	our regular dosimetry if you already hav well as the entire gestation period (this	e some) will be an increase in monitoring if you	ı currently wear your ba	adge on a	
<ul> <li>Your e</li> <li>If you do not</li> </ul>	exposure limits will be reduce wish to declare pregnancy,	ed to 50 mrem/month you may still receive	AND <500 mrem over the entire gestati a fetal dosimeter. However, your exposu	<i>ion period</i> Ire limits will <u>not</u> be adjusted to the ab	oove stated lower levels	. For more	
information of	on general exposure monito Regulations for Fetal Ex	ring, review the Radia	tion Safety Manual on ALARA Policies.				
You may wis	to review the applicable r	regulations prior to sub	mitting a pregnancy declaration. If you	still have questions or require addition	al training, select the o	ption to reque	est
• 10 CF • •	declaration remains in effer declaration remains in effer R 20.1208 DOSE TO AN E The licensee shall ensure t does not exceed 0.5 rem ( The licensee shall make ef paragraph (a) of this sectio The dose to the embryo/fet embryo/fetus resulting from If the dose to the embryo/fet pregnancy to the licensee, exceed 0.05 rem (0.5 mSV	I means a woman with c until the declared pri MBRYO/FETUS ST that the dose equivale 5 mSv). Torts to avoid substant in. tus shall be taken as the radionuclides in the etus is found to have e the licensee shall be of uning the remainder	or nas volutilarity informed the licensee, I equant woman withdraws the declaratic ATES: nt to an embryo/fetus during the entire p ial variation above a uniform monthly ex- he sum of (1) The deep-dose equivale embryo/fetus and radionuclides in the de exceeded 0.5 rem (5 mSV), or is within 0 deemed to be in compliance with the pa of the pregnancy.	in writing, of her pregnancy and the es in in writing or is no longer pregnant." iregnancy, due to occupational exposi cposure rate to a declared pregnant woman: an eclared pregnant woman. .05 rem (0.5 mSv) of this dose, by the ragraph (a) of this section if the addition	10 CFR ure of a declared pregn- oman so as to satisfy th nd (2) The dose equiva the time the woman decla onal dose to the embryo	ant woman, ne limit in lent to the res the p/fetus does i	not
For addition	nal information consider	the following resou	Irces:				
http://hps.org	g/publicinformation/ate/cat4	.html )3739505 pdf					
4							
Comment							
+ Previous	Save Progress	Next →			Save as Comp	olete Ca	ancel

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4. Your name and e-mail should be automatically filled under the **Personal Information** tab. If not, please complete those fields.

Personal Information	First Name:	Mary	
Declaration of Pregnancy Form	Last Name:	Lamb	
	Phone Number:		
	Email:	mlamb9@missouri.edu	

5. Click on the **Declaration of Pregnancy Form** tab and read each section carefully. Be sure to complete each field marked with a red arrow.

EHSA Utility / Add Asses	ssment	(	Select "Yes" if you wish to		Save as Complete	Cancel	0
Instructions Assessment (	Questions		receive a consultation with Radiation Safety.				
Personal Information Declaration of Pregnancy Form	⊖ <del>1.es</del>	No	I request consultation with a member of Radia information provided on the instructions tab of this speak with someone from the Radiation Safety St receiving a fetal dosimeter.	tion Safety Staff for additiona form is not sufficient for my kn aff before consenting to declari	al information. I feel lik owledge, and I would lik ng my pregnancy and	e the ke to	
-	Yes	O No	I have read the information found in the instruction 1. The NRC definition of a "DECLARED PREC 2. Section 10 CFR 20.1208 on the dose to an	ns tab of this form and understa SNANT WOMAN", and embryo/fetus.	ind them. This includes:		
			By declaring my pregnancy in writing, I understan equivalent exposure to 0.5 rem (5 mSv) during the individual. With this understanding I am voluntarily definition and request that a fetal dosimeter be iss	d I have reduced my maximu e entire gestation period from y informing the University of N ued to me.	This is asking for estimated <b>conce</b> date, <u>NOT</u> delive	e <b>ption</b> ery date.	
			Estimated date of conception to be on or about.	10/10/202			
Consult your dosimetr coordinator or superv you do not know.	Ύ isor if		The estimated date of conception allows the Radii well as limits during the entire gestation period.	ation Safety Staff to estimate yo	our monthly dose limits	as	
				•	,		
			Please add any comments or questions you m	ay have for the Radiation Sat	iety Staff:		
			Describe				
-	Yes	O No	I understand that this digital signature is consi	idered a written signature for	regulatory purposes:		
	•		<b>∕</b> Sign		Ť.		
4 Dentiture - Dente D		Neud-N			2000 00 0000		
							anco

6. To submit the form, press the **Save as Complete** button at the very top or bottom of the form on the right side. If you have any questions about this process, please contact the Radiation Safety Officer at Environmental Health & Safety.