

The University of North Carolina at Greensboro

Declaration of Pregnancy

I, _____, UNCG ID# _____, hereby certify and declare that I am pregnant or planning to become pregnant. I wish to participate in the fetal dose monitoring program offered by The University of North Carolina at Greensboro.

I have participated in a conference of fetal dose control policies and related safety information. A monthly radiation monitoring service has been established for me. I have received a copy of the fetal dose policy adopted by The University of North Carolina at Greensboro.

The following information is provided in support of this declaration:

Date of Declaration: _____

Date of Conference: _____

Estimated Pregnancy Due Date: _____

Estimated Conception Date: _____

Signature of Declared Radiation Employee

Date

Signature of RSO

Date