

National Cancer Institute at Frederick

OCCUPATIONAL HEALTH SERVICES

DECLARATION OF PREGNANCY / PREGNANCY INTERVIEW CERTIFICATE

Occupational Health Services (OHS) was informed on _____ that
Date

_____, _____ is pregnant. _____
Employee Name Employee # Bldg. / Rm.

Supervisor: _____ Project: _____

Full-Time / Part-Time Due Date: _____ Month / Year of Conception: _____
(circle one)

Potential Health and Safety Risks: Employee and supervisor have determined that the following checked items apply to this employee's position:

Clerical or office work only

Physical

- VDT
- Working alone
- Shift work
- Heavy lifting or moving _____ lbs.
- Prolonged sitting or standing
- Climbing
- Pushing or pulling
- Machinery or moving vehicles
- Regular exposure to dust (dander, feed, wood, asbestos)

Others

Metals

Chemicals

- Corrosive, caustic, reactive
- Organic solvents
- Chemical carcinogens, mutagens, or teratogens

Compressed gases _____

Biohazards

- Blood and other potentially infectious material

Other

Animals _____

Are you an approved Radiation worker? Yes / No (circle one) If yes, OHS will obtain Radiation Safety Officer signature. Fetal Monitoring badges are only issued to approved radiation workers who have declared their pregnancy in writing.

Do you wish to receive counseling concerning radiation use during pregnancy? Yes / No (circle one)

Comments:

Recommendations / Restrictions:

Safety Officer Consulted: Yes / No (circle one) _____
Safety Officer's Name

Employee Signature Printed Name Date

Supervisor Signature OHS Signature RSO Signature (if required)

Employee's Physician: Please call OHS at 301-846-1096 with any other concerns or additional risk factors than those listed above.

Comments:

Restrictions: