

DECLARATION OF PREGNANCY FORM

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In Accordance with Section 206 of 10 CFR 835, I am voluntarily declaring that I am pregnant for the purposes of lowering the dose received by my embryo/fetus. I realize that work restrictions may be imposed to ensure that the embryo/fetus does not receive a dose in excess of that given in 10 CFR 835 (500mrem, or 0.005 Sv, during the entire gestation period). I also realize that supplemental dosimetry may be supplied to me, along with periodic reports of the dose received by my embryo/fetus.

Estimated date of conception (month and year): _____

Name of worker (Print): _____

Name of worker (Signature): _____

Date: _____

Name of Supervisor (Print): _____

Name of Supervisor (Signature): _____

Date: _____

Signature of Health Physicist/RSO: _____

Date: _____

Submission of this form will in no way affect the benefits, seniority, or potential for promotion of the person signing this form. This declaration may be withdrawn at any time by written notification to the Radiation Safety Office. Contact the Radiation Safety Office at 3-6358 to obtain the form: "*Withdrawal of Pregnancy Declaration*".
