

# CONFIDENTIAL

## Declaration of Pregnancy

To: Radiation Safety Officer

From: \_\_\_\_\_

**Subject: Declaration of Pregnancy**

Date: \_\_\_\_\_

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With the submission of this form, I am declaring my pregnancy. I understand that by declaring my pregnancy, a dose limit of 5 mSv/term (500 millirem/term) to the embryo fetus (10% of the annual radiation exposure limit to a radiation worker) is imposed. I also understand that to achieve these lower limits, enhanced engineering controls, administrative controls, additional personal protective equipment, and/or additional monitoring may be needed to assure compliance with the dose limits.

I certify that I am making this declaration voluntarily.

The estimated date of **conception** (month/year) is \_\_\_\_\_.

Signature: \_\_\_\_\_

Printed name: \_\_\_\_\_

Date signed: \_\_\_\_\_

### For Radiation Safety Office Use Only

Dose registered to date \_\_\_\_\_ millirem.

Actions taken:

NUREG 8.13 "Instructions Concerning Pre-Natal Radiation Exposure" provided    yes    no

Fetal radiation monitoring badge issued:    Yes    No    if yes, date: \_\_\_\_\_

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