

**Declaration of Pregnancy Form**

Instructions

Completion and submission of this form is *voluntary*. If you choose to declare your pregnancy, please read the following statement and fill out the information. You will need to sign a copy and send it to:

Derek Meyers (Interim Radiation Safety Officer)  
Radiation Safety Office  
223 Scott Hall

Upon receipt of the completed form, you will receive a fetal monitoring dosimeter that will be worn on your abdomen in addition to your routine dosimeter during any procedure/activity that requires dosimeters.

Statement

I am choosing to declare that I am pregnant. I believe I became pregnant on or about \_\_\_\_\_ (enter month and year only).

I understand that my occupational radiation dose during my entire pregnancy will not be allowed to exceed 0.5 rem (5 millisieverts) unless that dose has already been exceeded between the time of conception and submission of this letter. I also understand that meeting the lower dose limit may require a change in job or job responsibilities during my pregnancy.

I will notify the Radiation Safety Officer upon the conclusion of my pregnancy.

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

Printed Name: \_\_\_\_\_