

Occupationally Exposed Female Worker Declaration of Pregnancy Form

Date: _____

To: Radiation Safety Officer

From: _____
Print Name, Work Location, and Work Telephone Number

Subject: Declaration of Pregnancy

This correspondence is to inform you that I am currently pregnant or suspect that I am pregnant and would like to request a fetal radiation dosimeter.

I understand that my occupational radiation dose during the entirety of my pregnancy will be limited to 500 mrem. I acknowledge that my job duties may be revised, or I may be reassigned if under my current assignment, exposure to my fetus will exceed the limits permitted by regulation.

I will report any changes to my work duties to the Radiation Safety Officer particularly if there is a change in my expected radiation exposure, and any changes to my pregnancy status.

My expected delivery date is: _____

My estimated date of conception is: _____

Employee Signature