



**Appendix B
Forms**

Declaration of Pregnancy

Name of Individual: _____

Estimated Date of Conception: ____ / ____ (mo/yr)

By providing this information to the Radiation Safety Officer (RSO), in writing, I am declaring myself to be pregnant as of the date shown above. Under the provisions of 10 CFR 20.1208 "Dose Equivalent to an Embryo/Fetus", I understand that the dose to the embryo/fetus from occupational exposure to radiation will not be allowed to exceed 500 mrem during my entire pregnancy. I understand that this limit includes the dose already received since the estimated date of conception. If the estimated dose to the embryo/fetus since the above estimated date of conception has already exceeded 450 mrem, I understand that dose to the embryo/fetus will be limited to no more than 50 mrem for the remainder of my pregnancy. I understand that this declaration could result in restrictions in the types of work I may perform. I understand that this declaration will expire ten months after the estimated date of conception, that I may revise the estimated date of conception at any time prior to its expiration, and that I may revoke this declaration at any time prior to its expiration.

OPTIONAL INFORMATION REQUEST

Check here if you wish to be contacted by the Radiation Safety Officer (RSO) to have any questions answered.

____ / ____ / ____
Date

Individual signature

Receipt of Declaration of Pregnancy

____ / ____ / ____
Date

Please send a copy of this completed form to Jennifer Walton (RSO) as soon as possible at Foust Hall 108.

Pregnancy Declaration Revocation:

I wish to formally notify the RSO that, as of this date, I am revoking the Declaration of Pregnancy I filed with the RSO on the date shown above.

____ / ____ / ____
Date

____ / ____ / ____
Date