



## 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

RSO signature

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

Individual signature

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date

RSO signature