

DECLARATION OF PREGNANCY

Name: _____ Date of Birth: _____

Employee #: _____ University ID #: _____

Campus Address: _____ Telephone #: _____

Email: _____

In accordance with the DOE's regulations at 10 CFR 835.704, 835.206, I am declaring that I am pregnant. I believe I became pregnant in _____ (only the month and year need be provided).

I understand that my dose will not be allowed to exceed 500 mrem (5 mSv) during my entire pregnancy from occupational exposure to radiation. I understand this limit includes exposure I have already received. I understand that meeting the lower dose limit may require a change in job or job responsibilities during my pregnancy. I also understand that I may revoke this declaration at any time without explanation by submitting written, signed and dated revocation of pregnancy.

(Your signature)

(Date)

The information furnished on this form will be used and maintained pursuant to 5 U.S.C. 552a(e)(3), enacted into law by Section 3 of the Privacy Act of 1974 (Public Law 93-579) also pursuant to 10 CFR 835.