

WITHDRAWAL of PREGNANCY DECLARATION

Name: _____ Date of Birth: _____

Employee #: _____ University ID #: _____

Campus Address: _____ Telephone #: _____

Email: _____

I am withdrawing my previous declaration of pregnancy in writing. I understand that by submitting this form I agree to the lifting of any previous work restrictions imposed on me as a result of my pregnancy, and to the removal of additional dosimeters.

I also understand that it is my sole responsibility to give this written notification to the Health Physics group of my decision to withdraw my declaration of pregnancy.

(Your signature)

(Date)

All information on this form will be kept privileged and confidential.

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.