Declaration of Pregnancy for Radiation Workers

Full Name: Enter your full name.

PID: Enter your PID.

DOB: Enter your birthdate – MM/DD/YYYY.

P.I. / Supervisor[[1]](#footnote-1): Person your dosimetry is sent to.

Department[[2]](#footnote-2): Enter the dept your dosimetry is sent to.

Date of Declaration: Enter date of pregnancy declaration

Expected due date: Enter your due date.

I, Enter your full name, am voluntarily declaring that I am pregnant in accordance with the NRC’s regulations at 10 CFR 20.1208, “Dose to an Embryo/Fetus”

I understand that this declaration is voluntary. However, unless I make a written declaration, the normal occupational limits for occupational radiation exposure of 5 rem per year remain in effect.

I understand the radiation dose to my embryo/fetus during my entire pregnancy will not be allowed to exceed 0.5 rem unless that dose has already been exceeded between the time of conception and submitting this letter.

I understand that I may voluntarily undeclare this pregnancy at any time by supplying written notice to the Radiation Safety Officer.

I understand I need not supply any medical documentation or evidence to support declaration or undeclaration of pregnancy to Radiation Safety.

I also understand that I may discuss questions or concerns at any time during my pregnancy by contacting the Radiation Safety Officer or a member of the radiation safety staff at the Office of Environmental Health & Safety.

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 Radiation Safety Officer Declared Pregnant Worker

For further info, please see: [NRC Regulatory Guide 8.13: Instruction Concerning Prenatal Radiation Exposure](https://www.nrc.gov/docs/ML0037/ML003739505.pdf)
(https://www.nrc.gov/docs/ML0037/ML003739505.pdf)

**Please return completed form to:**

Radiation Safety Officer
4000 Collins Rd, Suite B20
Lansing, MI 48910

1. Provide the name of the person your dosimetry is sent to. [↑](#footnote-ref-1)
2. Provide the department your dosimetry is registered to, usually the PI’s department. [↑](#footnote-ref-2)