

DECLARATION OF PREGNANCY

To: _____

In accordance with regulations, I am declaring that I am pregnant. I believe that I became pregnant in

Month

Year

I understand that the radiation dose to my embryo/fetus during my entire pregnancy will not be allowed to exceed 500 millirem (unless that dose has already been exceeded between the time of conception and submitting this declaration). I also understand that meeting the lower dose limit may require a change in job or job responsibilities during my pregnancy.

Signature

Printed Name

Date