Declaration of Pregnancy Form

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

In accordance with Section 206 of 10 CFR 835, I am voluntarily declaring, in writing, that I am pregnant (or attempting to become pregnant). I understand that it is my sole and fundamental responsibility to promptly inform the SLAC Medical Department, in writing, of my pregnancy. I also recognize that I am now subject to dose-limit restrictions to ensure that occupational prenatal radiation exposure does not exceed 500 mrem during the duration of the pregnancy. If I choose to continue working in a radiologically controlled area (RCA) or radiological areas (radiological buffer area, radiation area, high radiation area, very high radiation area, or contamination area), I agree to wear an additional dosimeter, as requested by the Radiation Protection Department (RPD) staff, and I realize that I will be sent current radiation exposure reports. I am aware that I have the choice of requesting a mutually-agreeable, non-radiological work reassignment at SLAC without loss of pay or promotional opportunity.

I understand that, at any time, I may terminate the above restrictions voluntarily by withdrawing my declaration of pregnancy in writing using the Withdrawal of Declaration of Pregnancy Form.[1] My withdrawal will be considered confidential and private. I also understand that it is my sole responsibility to give written notification to the Dosimetry Program staff and to the SLAC Medical Department when the pregnancy is over or when I withdrawn my declaration of pregnancy.

Signing this form does not affect an employee's benefits, seniority, or potential for promotion.

Part 1 – To be completed by worker and supervisor

_____ _____
Worker's name *(please print)* System ID#

_____ _____ _____
Department Phone ext. Mailstop

Estimated conception date: _____. For the remainder of my pregnancy, I choose to *(check one)*

___ Continue working in an RCA or radiological areas

___ Be re-assigned to a non-radiological area

_____ _____
Worker's signature Date

_____ _____ _____ _____
Supervisor's name *(please print)* Department Phone ext. Mailstop

_____ _____
Supervisor's signature Date

Part 2 – To be completed by SLAC Medical Department staff

Date dosimetry program manager was notified: _____ ☐ Email ☐ Phone

Date copy sent to: Dosimetry program manager (MS 84) _____ Worker _____ Supervisor _____

Date original form filed in worker's medical record: _____

_____ _____
Authorized medical representative *(please print)* Date and signature

1 Withdrawal of Declaration of Pregnancy Form (SLAC-I-760-0A02J-002), http://www-group.slac.stanford.edu/esh/eshmanual/references/radFormPregnancyWithdrawal.pdf

Part 3 – To be completed by Dosimetry Program staff

Part 3 is a record of prenatal radiation exposure resulting from the mother's *occupational exposure.*

Prenatal Radiation Dose Calculation Form

Worker name *(please print)*	Department	Phone ext.	Mailstop

Occupational radiation exposure history from date of conception to date of declaration _____mrem

Prenatal radiation dose limit for full duration of pregnancy _____mrem

Remaining allowable prenatal radiation dose for the rest of the pregnancy _____mrem

Prenatal Radiation Dose Measurements

Date of dose	Dose for period	Cumulative dose	Initials	Comments
to				
to				
to				
to				
to				
to				
to				

Total dose during gestation = _____

Comments: _____

Dosimetry program manager *(please print)*	Signature	Date