



# Declaration of Pregnancy Form

Product ID: [234](#) | Revision ID: 1187 | Date Published: 13 May 2010 | Date Effective: 13 May 2010

URL: <http://www-group.slac.stanford.edu/esh/eshmanual/references/radFormPregnancyDeclare.pdf>

**ENVIRONMENT, SAFETY & HEALTH DIVISION**

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

**Worker Rights Statement:** 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 SLAC Medical 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 for 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 Radiation Protection Department (RPD) staff, and I will be sent monthly radiation exposure reports. I am aware that I can chose to request a mutually-agreeable non-radiological work reassignment at SLAC without loss of pay or promotional opportunity. I understand that I may terminate these restrictions voluntarily at any time by submitting a signed copy of the [Withdrawal of Declaration of Pregnancy Form](#) to SLAC Medical.

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

## EMPLOYEE'S PREGNANCY DECLARATION

Name <i>(please print)</i>	SLAC System ID #	Mailstop
Department		Phone

Estimated date of conception: \_\_\_\_\_

I have read the worker rights statement above. For the remainder of my pregnancy *(check one)*

- I chose to continue my current assignment, which includes working in an RCA or radiological areas (additional dosimetry requirements on p. 2)
- I chose to be re-assigned to non-radiological work that requires no dosimeter

Employee's signature	Date
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## SUPERVISOR'S ACKNOWLEDGEMENT

Supervisor's name <i>(please print)</i>	Department	Phone	Mailstop
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In concordance with the employee's choice:

- Employee will continue with her present job and follow RPD dosimetry requirements
- Employee will be reassigned

Supervisor's signature:	Date
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*Note: The supervisor forwards this form to SLAC Medical (MS 25)*

## SLAC MEDICAL

[Dosimetry program manager](#) notification:

- Email or  Phone

and

- Sent copy of form to dosimetry manager, MS 84, on *(date)*:

Copy sent to

- Worker on *(date)*:
- Supervisor on *(date)*:
- Original form filed in worker's medical record on *(date)*:

SLAC Medical representative <i>(please print)</i>	
Signature	Date

**RADIATION PROTECTION DEPARTMENT DOSIMETRY RECORD**

Worker's name <i>(please print)</i>	Department	Phone	Mailstop
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Prenatal radiation dose limit for full duration of pregnancy \_\_\_\_\_ mrem

Occupational radiation exposure history from date of conception to date of declaration \_\_\_\_\_ mrem

Remaining allowable prenatal radiation dose for duration of pregnancy \_\_\_\_\_ mrem

**PRENATAL DOSIMETRY ASSIGNMENT ACKNOWLEDGEMENT**

The dosimetry program manager has described the monthly dosimetry assignment for the duration of my pregnancy. If my pregnancy ends before the expected due date I will inform the program manager in order to end the monitoring assignment.

I will abide by all requirements, which include wearing dosimeter(s) as assigned and returning them promptly for processing. The dosimeter report for each dose period will be forwarded as soon as it is available. I will report any non-occupational exposure to the dosimetry program manager immediately.

Employee *(please print)*:

Signature \_\_\_\_\_ Date \_\_\_\_\_

Dosimetry program manager *(please print)*:

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Prenatal Radiation Occupational Radiation Dose Measurement Record**

Dose Period (date)	Dose During Period (mrem)	Cumulative Dose	Dosimeter Number	Employee was notified (name of RPD staff responsible for notification)
to				
to				
to				
to				
to				
to				

Total occupational dose during gestation \_\_\_\_\_ mrem

Comments:

**DOSIMETRY FINAL REPORT**

I have reviewed the dosimetry record and it is correct to the best of my knowledge.

Dosimetry program manager signature \_\_\_\_\_ Date \_\_\_\_\_