



Withdrawal of Pregnancy Declaration Form

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

Part 1 – To be completed by worker

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 SLAC Medical Department staff, and to also separately notify the Dosimetry Program staff of my decision to withdraw my declaration of pregnancy.

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

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

Department Phone ext. Mailstop

Worker’s signature Date

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

Part 2 – To be completed by SLAC Medical Department staff

Date dosimetry program manager notified: _____ Email Phone

Date copy sent to dosimetry program manager (MS 84) _____

Date supervisor notified: _____ Mail Phone

Date copy sent to worker: _____

Date original form entered into worker’s medical record: _____

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