



ENVIRONMENT, SAFETY & HEALTH DIVISION

Chapter 9: [Radiological Safety](#) Declaration of Pregnancy Form

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

This form applies to women who work in a controlled area, radiologically controlled area (RCA), or radiological area (radiation area, high radiation area, very high radiation area, or contamination area) and who become pregnant. They are not required to declare their pregnancy to SLAC, but if they choose to declare they must use this form, indicating whether they want to remain in their current assignments (in which case additional dosimetry requirements apply) or be temporarily reassigned. All information on this form will be kept privileged and confidential. Signing this form does not affect the worker's benefits, seniority, or potential for promotion.

Worker rights statement. In accordance with Section 206 of 10 CFR 835, I am voluntarily declaring in writing that I am pregnant. I recognize that I am now subject to a dose-limit restriction to ensure that my occupational prenatal radiation exposure does not exceed 500 mrem for the duration of the pregnancy, in addition to my SLAC yearly occupational dose limit. If I choose to continue working in a radiologically controlled area (RCA) or radiological area (radiation area, high radiation area, very high radiation area, or contamination area), I agree to wear a fetal monitoring dosimeter, as requested by Radiation Protection Department (RPD) staff, and I will be sent a monthly radiation exposure report. I am aware that I can choose to request a mutually agreeable reassignment to work in a workplace environment that involves no occupational radiation exposure 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 Occupational Health Center. (For more information on pregnancy and radiation exposure, see [Dosimetry and Radiological Environmental Protection \[DREP\]](#).)

WORKER'S PREGNANCY DECLARATION

Name (please print)	SLAC system ID	Mailstop
Department		Phone

Estimated date of conception: _____ or estimated due date: _____

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

- I choose to continue my current assignment, which includes working in controlled area RCA radiological area.
- I choose to be reassigned to an uncontrolled area (no additional dosimeter will be required)

Worker's signature	Date
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SUPERVISOR'S ACKNOWLEDGEMENT *Supervisor forwards this form to SLAC Occupational Health Center (MS 25)*

Supervisor's name (please print)	Department	Phone	Mailstop
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In concordance with the worker's choice:

- Worker will continue with her present assignment and will follow additional RPD dosimetry requirements
- Worker will be reassigned: _____

Supervisor's signature:	Date
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SLAC OCCUPATIONAL HEALTH CENTER

Copy sent to **dosimetry program manager.**

- Mail (MS 48) on (date):
- E-mail on (date):

Copy sent to

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

SLAC Occupational Health Center representative (please print)	
Signature	Date

RADIATION PROTECTION DEPARTMENT DOSIMETRY RECORD

Worker's name (please print)	Department	Phone	Mailstop
Prenatal radiation dose limit for full duration of pregnancy	500	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 fetal monitoring requirements for the duration of my pregnancy. If I work in a controlled area, I may request a fetal monitoring dosimeter, even it is not required. If my pregnancy ends before the expected due date I will inform the program manager in order to end the monthly monitoring requirements. I will abide by all the requirements, which include wearing dosimeter(s) as assigned and returning them promptly for processing. The dosimeter will be worn in the area of my abdomen, in order to obtain an accurate dose to the embryo/fetus. The monthly dose report will be forwarded to me as soon as it is available. I will report any non-occupational exposure to the dosimetry program manager immediately.

Worker (please print)

Signature _____ Date _____

Dosimetry program manager (please print)

Signature _____ Date _____

PRENATAL RADIATION OCCUPATIONAL RADIATION DOSE MEASUREMENT RECORD

Begin Wear Date	End Wear Date	Issue Date	Return Date	Read Date	Dosimeter Number	Dose During Period (mrem)	Cumulative Dose (mrem)	Worker was notified (name of RPD staff responsible for notification) monthly dose report by e-mail

Total SLAC 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 _____