



Withdrawal of Declaration of Pregnancy Form

ENVIRONMENT, SAFETY & HEALTH DIVISION

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

All information on this form will be kept privileged and confidential. Signing this form does not affect an employee's benefits, seniority, or potential for promotion.

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 Occupational Health Center staff and to also separately notify the Dosimetry program staff of my decision to withdraw my declaration of pregnancy.

Worker's name (<i>print</i>)		System ID#	
Department	Phone ext.	Mailstop	
Worker's signature (<i>sign</i>)		Date	
Supervisor's name (<i>print</i>)			
Department	Phone ext.	Mailstop	

Part 2 (to be completed by Occupational Health Center staff)

Date dosimetry program manager notified	<input type="checkbox"/> Email <input type="checkbox"/> Phone
Date copy sent to dosimetry program manager (MS 48)	
Date supervisor notified	<input type="checkbox"/> Mail <input type="checkbox"/> Phone
Date copy sent to worker	
Date original form entered into worker's medical record	
Authorized OHC representative name (<i>print</i>)	Date
Authorized medical representative signature (<i>sign</i>)	