DECLARATION OF PREGNANCY*

(Full Name), in accordance with the State of Uta	ah's regulations, R313-15-208
regarding pregnant radiation workers, am declaring tha	t I am progrant I would like to
regarding pregnant radiation workers, and declaring tha	it I am pregnant. I would like to
continue my current work assignment in the	Department at the University
of Utah. I believe I became pregnant in $\underline{\hspace{1cm}}$ (month/year)	My estimated date of delivery is
(month/year)	
I understand the radiation dose to my embryo/fetus dur	ring my entire pregnancy will not
be allowed to exceed 500 mrem (5 mSV). I also understand that meeting this dose limit	
may require a change in my job responsibilities during pregnancy.	
Signed	
Date	
Dept. Address	
Phone	

*The NRC and State defines a declared pregnant woman as "a woman who has **voluntarily** informed her employer in writing of her pregnancy and the estimated date of conception." Only the month and year need be provided.

Note that you may "undeclare" your pregnancy by notifying the Radiological Health Department in writing

Radiological Health reserves the option to deem that this declaration of pregnancy has lapsed and no longer is in effect on the earlier of either: 1) 60 days after the estimated date of delivery designated by the declarant on the form of declaration; or 2) one year after the date of receipt of the above Declaration Form at Radiological Health office.