

PREGNANCY DECLARATION FORM

Confidential

- Under the applicable regulations Article 175.13(e) of the Rules of the City of New York, Part 16.6(h) of the New York State Sanitary Code, and 10 CFR 20.1208 of the Nuclear Regulatory Commission, there is a requirement for increased monitoring from exposure to ionizing radiation for declared pregnant radiation workers.
- The radiation dose to the embryo/fetus of a declared pregnant worker is limited to 5 mSv (0.5 rem) over the entire gestation period. The institution is required to review the exposure history of the declared pregnant worker and adjust working conditions if appropriate, so as to avoid a monthly exposure of more than 0.5 mSv (0.05 rem).
- Declaration of pregnancy is not mandatory. Pregnant individuals who do not declare their pregnancy will continue to have the annual occupational dose limit of 50 mSv (5.0 rem) applied.
- The declaration remains in effect until the declared pregnant worker withdraws the declaration in writing or is no longer pregnant.
- The Radiation Safety Office will provide education and counseling with regard to this policy.
- Declarations and records under this policy are confidential and will be maintained in a separate file from personnel radiation dosimeter records. All workers are specifically protected from discharge or discrimination by their employer resulting from exercise of any option afforded by regulation.

In accordance with applicable regulations, I am voluntarily declaring, in writing, that I am pregnant. By doing so, I consent to a review of my radiation exposure history and working conditions. Upon completion of this review, I will be informed of my previous occupational exposure. If an adjustment of my working conditions is necessary to avoid a monthly exposure of more than 0.5 mSv (0.05 rem), my supervisor will not be notified prior to my written approval.

Name: _____ UNI/CWID: _____
(LAST) (FIRST) (circle one)

Department: _____ Position: _____

Current E-mail Address: _____ Phone number: _____

Supervisor or PI: _____

My estimated date of conception was: _____ **My estimated due date is:** _____

- I wish to pick up my fetal dosimetry badge from the radiation safety office until further notice
 I wish for my fetal dosimetry badge to be sent with the other badges to my department

Print Name _____

Date _____

Signature: _____

Office use only:

PRG badge assigned: _____