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**Declaration of Pregnancy**

I, \_\_\_\_\_, hereby am declaring I am pregnant. I believe  
(print name)

I became pregnant in \_\_\_\_\_.  
(month, year)

I understand that my occupational radiation dose during my entire pregnancy will not be allowed to exceed 0.5 rem (500 mrem), unless that dose has already been exceeded between the time of conception and submitting this letter. I also understand that meeting the lower dose limit may require a change in job or job responsibilities during my pregnancy.

If I find out that I am not pregnant, or if my pregnancy is terminated, I will promptly inform you that my pregnancy has ended.

<b>Signature:</b>	<b>Date:</b>
<b>RSO Review:</b>	<b>Date:</b>