

The University of Michigan
Occupational Safety & Environmental Health
Radiation Safety Service
1239 Kipke Drive - 1010
Phone: 764-4294 / Fax: 764-6523

Declaration of Pregnancy

Name: _____

Social Security Number: _____

Date of Birth: _____

Campus Work Address/Box: _____

Work Phone Number: _____

I am submitting this Declaration of Pregnancy to inform Radiation Safety Service (RSS) that I am pregnant. The estimated date of delivery is _____ . I have made the decision to permit application of the embryo/fetal dose limits specified by the Nuclear Regulatory Commission (NRC) in Title 10 Code of Federal Regulations Part 20.1208 ("10 CFR 20.1208") or the State of Michigan Ionizing Radiation Rules ("R325.5203") as applicable.

Declarant must choose one of the following options:

I prefer that dosimeters issued to me for fetal monitoring and corresponding reports of results be:

- _____ held at RSS offices where I will arrange to personally collect and exchange them at the start of each wear period.
- _____ sent directly to me by campus mail at the address shown above at the start of each wear period.
- _____ sent to me via the contact person of the dosimetry series assigned to the authorized user or facility where I work, at the start of each wear period.

I have read and understand the written material regarding the potential health effects from exposure to ionizing radiation published in Regulatory Guide 8.13 by the Nuclear Regulatory Commission and distributed by RSS. I also have read and understand the written explanatory information on the reverse side of this form. The decision to declare my pregnancy to Radiation Safety Service is a personal choice which I have made freely.

I understand that: 1) by making this declaration, the fetal dose limits specified in 10 CFR 20.1208 (NRC) or Rule R325.5203 (State of Michigan) will become applicable for the entire period of gestation and can result in RSS placing restrictions on work I perform using radioactive materials or other sources of ionizing radiation for the sole purpose of ensuring compliance with the embryo/fetal dose limits specified in 10 CFR 20.1208 (NRC) or Rule R325.5203 (State of Michigan) and that such restrictions might otherwise not be imposed absent this declaration; and 2) I may revoke this declaration **at any time** without explanation by submitting a signed and dated Revocation of Declaration of Pregnancy to RSS.

(Your Signature)

(RSS Representative)

(Today's Date)

(Date Received at RSS)