

DECLARATION OF PREGNANCY

In accordance with Title 10 of the Code of Federal Regulations, Part 20, I hereby declare my pregnancy to the NIH Radiation Safety Branch(RSB). This declaration authorizes RSB to evaluate the dose received by the embryo/fetus from my occupational exposure to ionizing radiation and to assist me in limiting that dose to 0.5 rem (500 mrem). I understand that this limit is intended to provide an extra measure of protection for the embryo/fetus since it may be more sensitive to ionizing radiation than an adult. The 0.5 rem limit will be applied from the estimated date of conception, _____, until the end of the pregnancy. I will comply with any restrictions imposed on my use of ionizing radiation by the RSB in order to meet this limit.

If I am not contacted within five work days of when this form should have been received by RSB, I will notify my Area Health Physicist by calling (301) 496-5774.

(NOTE: this form can be completed online, printed and signed)

Name (printed)

Phone Number

Social Security Number

Date of Birth

Work Location

Mailing Address

Signature

Date

Send in envelope marked "Confidential" to:

NIH Radiation Safety Branch
Building 21, Room 134

or FAX to: (301) 496-3544 (confidentiality not guaranteed if FAXed)

Privacy Act Statement: The information requested on this form is essential for maintenance of records for individuals potentially exposed to ionizing radiation, as required by the Code of Federal Regulations, Title 10, Part 20. Certain information is protected by the Privacy Act of 1974. HHS/NIH/ORS 09-25-0166 documents the system of records in which this information is used. The primary users of this information are the staff of the Radiation Safety Branch, NIH. "Routine Uses" may also include disclosure of some information provided on this form to the U.S. Nuclear Regulatory Commission or if necessary to defend the Government or an employee of DHHS in a lawsuit.