

Declaration Date \_\_\_/\_\_\_/\_\_\_

**DECLARATION OF PREGNANCY FORM**

Name \_\_\_\_\_  
Social Security # \_\_\_\_\_  
Birth date \_\_\_\_\_  
Date of Conception \_\_\_\_\_  
Date Due \_\_\_\_\_  
Estimated Assigned Fetal Dose Between  
Conception & Declaration Date \_\_\_\_\_  
PI Name \_\_\_\_\_  
Bldg. & Room \_\_\_\_\_  
Phone # \_\_\_\_\_

In accordance with the NRC's regulations at 10 CFR 20.1208, "Dose to an Embryo/Fetus", I declare that I am pregnant and would like to be monitored during the remainder of my pregnancy.

Signature \_\_\_\_\_

<u>Month</u>	<u>Film Badge Dose</u>	<u>Accumulated</u>	<u>Dose</u>
<u>Equivalent</u>	<u>(mRem)</u>		<u>(mRem)</u>
1	_____		_____
2	_____		_____
3	_____		_____
4	_____		_____
5	_____		_____
6	_____		_____
7	_____		_____
8	_____		_____
9	_____		_____

K1 Binary # \_\_\_\_\_ - \_\_\_\_\_ Badge # \_\_\_\_\_  
Part # \_\_\_\_\_ Series Code \_\_\_\_\_

The RSOF contacts individuals who exceed the following administrative ALARA (As Low As Reasonably Achievable) limits of 50 mRem during the gestational period.

NOTE: M indicates exposure less than 20 mRem.

THIS REPORT IS FURNISHED TO YOU UNDER THE PROVISIONS OF THE NRC REGULATION 10 CFR 19. YOU SHOULD PRESERVE THIS REPORT FOR FURTHER REFERENCE.

**Figure 8**  
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