

(Legacy Office of Radiation Safety Services)

Phone: 973-972-5305
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DECLARATION OF PREGNANCY

TO: Office of Radiation Safety Services (ORSS)
Medical Sciences Building (MSB), Room A534

FROM: _____
Name of Applicant (Please Print Clearly)

_____ Department Building and Room Number

_____ Phone # Email

_____ Supervisor's Name (Please Print Clearly) Supervisor's Location

DATE: ____ / ____ / ____

RE: Declaration of Pregnancy

I am declaring that I am pregnant. I believe I became pregnant on (Date): ____ / ____ / ____.

I understand that my occupational radiation dose during my entire pregnancy will not be allowed to exceed 0.5 rem (500 millirem, or 5 millisievert) 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.

My University ID # is: _____. My Date of Birth is: ____ / ____ / ____.
Note: SSN (last 4 digits) may be used if Applicant does not have an assigned University ID #.

____ / ____ / ____
Date

Signature of Applicant

Additional information may be accessed at the following links:

http://rehs.rutgers.edu/pdf_files/RU-ORSS-13%200704%20Radiation_Safety_Policy_Manual.pdf

Also see NRC Regulatory Guides – Occupational Health (Division 8) at:

<http://www.nrc.gov/reading-rm/doc-collections/reg-guides/occupational-health/rg/>

Guide 8.13: Instruction Concerning Prenatal Radiation Exposure

Guide 8.29: Instruction Concerning Risks from Occupational Radiation Exposure