



**HEALTH  
SCIENCES**  
OFFICE OF RESEARCH

**OFFICE OF RADIATION SAFETY  
Declaration of Pregnancy Form**

**CONFIDENTIAL**

**The declared pregnant worker (DPW) program is an optional dosimetry service offered to any female radiation worker who voluntarily informs UNM, in writing, of her pregnancy. Please read each statement below and complete the fields at the bottom of this form to opt in to the DPW program.**

I have been provided a copy of NRC Regulatory Guide 8.13, "Instruction Concerning Prenatal Radiation Exposure", and have read and understand this document. I understand that I may call UNM Radiation Safety at 505-925-0743 to ask additional questions about NRC Regulatory Guide 8.13 as well as UNM's DPW policies.

I understand that by participating in the DPW program, the dose to the embryo/fetus during the entire pregnancy from occupational exposures shall not exceed 500 millirem (5 millisieverts).

By participating in the DPW program, I agree to follow all recommendations to maintain my fetal badge radiation exposure to under 50 millirem/month and under 500 millirem for the entire gestation. I understand that meeting the lower dose limit of 500 millirem may require a change in job or job responsibilities during my pregnancy.

I understand that my participation in the DPW is voluntary and that I may un-declare my pregnancy in writing to UNM Radiation Safety at any time and for any reason.

I agree to promptly notify UNM Radiation Safety if I find out that I am not pregnant or my pregnancy ends before the anticipated due date based upon my estimated date of conception.

I understand that the fetal badge will be automatically cancelled at the end of the month following 40 weeks from the estimated date of conception unless I notify UNM Radiation Safety differently or withdraw my declaration.

In accordance with the State of New Mexico's regulations at 20.3.4.412 "Dose Equivalent to an Embryo / Fetus," I am declaring that I am pregnant. My estimated date of conception is \_\_\_\_\_ (MM/DD/YYYY) and anticipated due date is \_\_\_\_\_ (MM/DD/YYYY).

Full Name: _____	UNM Banner ID: _____
Maiden Name: _____	Department: _____
Title: _____	Phone: _____
Email: _____	Date of Birth: _____
Signature _____	Date: _____

This declaration will remain valid for one (1) calendar year from the signature date unless withdrawn sooner.

**UNM RADIATION SAFETY OFFICE USE ONLY – DO NOT WRITE IN THE SPACE BELOW**

Spare Number: _____	Subaccount Name / Code: _____
Spare S/N: _____	Wear Period: _____
Health Physicist: _____	Date: _____