



RSF-54-1

UNM RADIATION SAFETY DIVISION Declared Pregnant Worker

Please read **U.S. Nuclear Regulatory Commission (NRC) Regulatory Guide 8.13 Instruction Concerning Prenatal Radiation Exposure**. (revision 3, June 1999). Contact Radiation Safety at **925-0745 or 925-0743** regarding questions on this material.

A "declared pregnant worker" is a woman who has voluntarily informed her employer, in writing, of her pregnancy and the estimated date of conception.

Full Name: _____ UNMH Employee ID/BannerID: _____

My Date of Birth: _____ Participant # _____
(see reverse for finding your Part#)

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.

I believe I became pregnant in _____ (Enter Month and Year).

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 have also been given the opportunity to ask questions regarding radiation dose to the embryo/fetus, and understand that I may call the Radiation Safety Office at any time with additional questions.

I understand the licensee shall ensure that the dose to an embryo/fetus during the entire pregnancy, due to occupational exposure of a declared pregnant woman does not exceed 500 millirems (5 millisieverts). I also understand the licensee shall make efforts to avoid a substantial variation above a uniform monthly exposure rate (50 millirem) to a declared pregnant woman so as to satisfy the limit of 500 millirem. I also understand that meeting the lower dose limit may require a change in job or job responsibilities during my pregnancy.

If I find out that I am not pregnant, or if my pregnancy is terminated, I will promptly inform you in writing that my pregnancy has ended. I also understand that I may un-declare my pregnancy at any time and for any reason (in writing to the RSO).

I have been provided a copy of this completed form:

Signature: _____ Email: _____

Department: _____ Phone: _____ Title: _____

*Supervisor in Attendance/Informed: Yes No (*you are not required to inform your supervisor)

If yes, complete the following _____
Supervisor Full name Supervisor email

Health Physicist: _____ Date: _____

Your Part# can be found on the backside of your dosimeter

Remove from clip holder.



Back

Information on the back of the dosimeter



Location Code, three letters underlined in yellow here

Wearer's Participant Number, 5 digits, underlined in red here. **Look at your dosimeter and give us that number.**

Dosimeter SN number, each dosimeter has it's own serial number. Underlined in blue here.

Put your dosimeter back into the clip holder. Make sure it snaps in place.

