



Pregnancy Declaration Form

Date: _____

To: Curtis Plotkin., Radiation Safety Officer

From: _____

Signature: _____

University phone number: _____

CWID: _____

Working Under Permit Holder: _____

University Location: _____

With this notice I inform you that I am pregnant or trying to become pregnant with an estimated conception date of _____ and an expected delivery date of _____. I understand the radiation exposure limit set by the Nuclear Regulatory Commission for embryo/fetus of the declared pregnant worker* is 500 mrem for the entire gestation period. In line with Cal State Fullerton's policy of minimizing radiation exposure, I will continue to minimize my exposure and participate in a monitoring program for pregnant workers.

Please check the following as appropriate:

- I have questions related to the radiation protection of the embryo/fetus and would like to have the Radiation Safety Officer contact me at _____.
- I do not wish to inform the principle investigator at this time.
- I have informed or will inform the principle investigator.
- I have questions related to the radiation protection of the embryo/fetus and will contact the Radiation Safety Officer at 657-278-4345.
- I do not have questions related to the radiation protection at this time. I understand that I may contact the Radiation Safety Officer if I have any questions in the future concerning this pregnancy.

* The NRC defines a declared pregnant woman as "a woman who has voluntarily informed her employer in writing of her pregnancy and estimated date of conception."