

DECLARATION OF PREGNANCY

The Texas Regulations for Control of Radiation define **Declared Pregnant Woman** as

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

By completing and returning this form, you are declaring your pregnancy. As a result of this action, your radiation dose limits will automatically be reduced from 5 rems per year to 0.5 rems per 9-month gestation period. The TAMU Radiation safety will review your work duties, provide information regarding risks of radiation exposure, and provide dosimetry (if appropriate) which will be replaced monthly until we are notified that you are no longer pregnant.

Name _____ TAMU Universal ID # _____
(print or type)

Permittee/Department _____ Phone No. _____

Estimated Date of Conception _____

Describe Your Radiation Work since Date of Conception (include isotope & activity data):

Describe Normal (and anticipated) Radiation Work Duties if Different than Above:

Signature _____ Date _____

"State law requires that you be informed of the following: (1) you are entitled to request to be informed about the information about yourself collected by use of this form (with a few exceptions as provided by law); (2) you are entitled to receive and review that information; and (3) you are entitled to have the information corrected at no charge to you." Contact: radiological-safety@tamu.edu or (979) 845-1361.

RETURN COMPLETED FORM TO EHS, MS 4472 or email radiological-safety@tamu.edu