

### DECLARATION OF PREGNANCY

**Instructions:** It is our responsibility to ensure that the dose to an embryo/fetus, during the entire pregnancy, due to occupational exposure of a declared pregnant worker, does not exceed 0.5 rem [§20.1208]. Our policy is to examine your work environment and job responsibilities to assure that you will avoid substantial variation above 0.05 rem each month during your pregnancy. If you have questions, please call Health Physics at 723-3201. Please complete and email this form to [leannew@stanford.edu](mailto:leannew@stanford.edu). We will schedule an interview with you to review safety measures and answer your questions.

<b>LAST NAME</b>	<b>FIRST NAME</b>	<b>MI</b>	<b>DELIVERY DATE</b>	<input type="checkbox"/> <b>STANFORD</b>  <input type="checkbox"/> <b>VAPAHCS</b>
<b>DEPARTMENT-</b>	<b>POSITION*</b>	<b>MAIL CODE</b>	<b>PHONE</b>	<b>EMAIL:</b>

\* POSITION: Faculty, Post-Doc; Visiting Scientist; Student; Staff

Describe the sources of radiation that you personally work with day to day. For radioactive materials, describe the radionuclides and activities, and hours of use each day. For devices, identify the type of device and hours of use each day. Also describe the level of use for other individuals in your work area

In accordance with 10 CFR 20.1208, I am voluntarily declaring, in writing, that I am pregnant. I understand that it is my sole and fundamental responsibility to inform Stanford Health Physics, in writing, of my pregnancy, if I choose to do so. I also recognize that I am now subject to dose-limit restrictions to ensure that occupational prenatal radiation exposure does not exceed 0.5 rem during the duration of the pregnancy. I understand I can rescind this pregnancy declaration.

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

#### Review 10 CFR 20.1208 and Radiation Safety Manual, Part 1.

<p><b>Office Use Only:</b> Attach Wearer's dose for the past 12 month's</p>	<p><b>Health Physics Name (Print):</b> _____</p> <p><b>Signature:</b> _____</p>
<p><b>Workplace interview scheduled for:</b> Date: _____ Time: _____ Room: _____</p>	<p><b>Questions:</b> Do you anticipate a change in your workload or uses? _____ Will there be a change in co-workers' workload or uses? _____</p>
	<p><b>Other Questions or Concerns:</b> _____</p>