

UNIVERSITY OF CALIFORNIA RIVERSIDE

DECLARATION OF PREGNANCY FORM

Name (Please Print): _____

Employee/ Student ID#: _____ Birth Date: _____

PI Name: _____ Department: _____

Building/ Room: _____ Phone: _____

In accordance with the California Code of Regulations, Title 17, Section 30253, which incorporates by reference the Nuclear Regulatory Commission's regulations in 10 CFR 20.1208, "Dose Equivalent to an Embryo / Fetus," I am declaring that I am pregnant. . I believe that I became pregnant in _____ (only the month and year need to be provided).

I understand that the radiation dose to my embryo / fetus during my entire pregnancy will not be allowed to exceed 0.5 rem(5 millisievert) (unless that dose has already been exceeded between the time of conception and submitting this letter). I also understand that meeting the lower dose limit may require a change in job or job responsibilities during my pregnancy.

Radiation Safety contacts individuals who exceed the following administrative ALARA (As Low As Reasonably Achievable) limits of 50 mRem during the gestational period.

Signature: _____