

**UNIVERSITY OF NEBRASKA MEDICAL CENTER
DECLARATION OF PREGNANCY**

Name of Individual:		
Social Security #:		
Date of Conception (month/year):		
<p>By providing this information to the Radiation Safety Officer, in writing, I am declaring myself to be pregnant as of the date shown above. Under the provisions of 180 NAC 004.13 (10 CFR Part 20.1208), I understand that my exposure will not be allowed to exceed 5 mSv (500 mrem) during my entire pregnancy, from occupational exposure to radiation. I understand that this limit includes exposure I have already received. If my estimated exposure since the above date of conception has already exceeded 4.5 mSv (450 mrem), I understand that I will be limited to no more than 0.5 mSv (50 mrem) for the remainder of my pregnancy. If I should find out that I am not pregnant, or if my pregnancy is terminated, I will inform my immediate supervisor as soon as practical.</p>		
Signature of Individual:		Date:
Department:	Zip Code:	Extension:
Signature of Immediate Supervisor:		Date:
Name & Title of Immediate Supervisor:		

RECEIPT OF DECLARATION OF PREGNANCY

Name of Supervisor:	
Name of Declared Pregnant Worker:	
<p>I have received notification from the above named woman that she is pregnant. I am enclosing a copy of Nuclear Regulatory Commission Regulatory Guide 8.13, Revision 3 "Instruction Concerning Prenatal Radiation Exposure." I have evaluated her prior exposure and established appropriate limits to control the dose to the developing embryo/fetus in accordance with limits in 180 NAC 004.13 (10 CFR Part 20.1208). She should avoid substantial exposure variations and try to maintain a uniform monthly exposure (i/e. 50mrem/month).</p>	
The dose to the embryo/fetus during the entire pregnancy is limited to:	500 mRem
Estimated dose from time of conception to date of declaration:	___ mRem
Remaining dose to embryo/fetus for the remainder of pregnancy:	___ mRem
Signature of Radiation Safety Officer:	
Date Signed:	

WITHDRAWAL OF PREGNANCY DECLARATION FORM

Name of Individual:		
Social Security #:		
<i>I am withdrawing my previous declaration of pregnancy in writing. I understand that by submitting this form I agree to the lifting of any previous work restrictions imposed on me as a result of my pregnancy, and to the removal of additional dosimeters.</i>		
<i>I also understand that it is my sole responsibility to give this written notification to the appropriate RSTE division personnel and/or my immediate supervisor.</i>		
Signature of Individual:		Date:
Department:	Zip Code:	Extension:
Signature of Immediate Supervisor:		Date:
Name & Title of Immediate Supervisor:		

RECEIPT OF WITHDRAWAL OF DECLARATION OF PREGNANCY

Name of Supervisor:
Name of Student Submitting the Withdrawal of Pregnancy Declaration Form:
<i>I have received notification from the above named woman that she is withdrawing her declaration of pregnancy. Fetal monitoring will be discontinued and she is free to return to all previous duties and assignments.</i>
Signature of Radiation Safety Officer:
Date Signed: