

University of Illinois
DECLARATION OF PREGNANCY

In accordance with the NRC's regulations at 10 CFR 20.1208, "Dose to an Embryo/Fetus," I am declaring that I am pregnant. I believe I became pregnant in _____ (only month and year need be provided).

I understand 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.

I have been given the opportunity to read USNRC Regulatory Guide 8.13 "Instruction Concerning Prenatal Radiation Exposure" and IDNS Rules and Regulations, Parts 340.280 and 340.530.

(Your Name Printed)

(Your Signature)

(Date)

(Work location where dosimetry will be kept)

(Phone number)

(UIN)

(Date of birth)

Disclosure Statement

You must provide your name, University ID Number (UIN), and date of birth for the University of Illinois to process a dosimetry request. Federal and State law require the University to maintain this information and provide your exposure history upon your authorization. The University will not disclose a recipient's personal information without the consent of the recipient to anyone outside the University except as mandated by law.

Complete and return this form via campus mail to:

Radiation Safety, MC-225, 101 S. Gregory St., Urbana, IL,

Radiation Safety Section use only:

Fetal badge number assigned: _____ Location: _____ Date issued: _____