

The University of Memphis
Declaration of Pregnancy for Radiation Worker

To: Radiation Safety Officer

I, _____, do hereby declare that I am pregnant.
(Please print your name)

I believe that I became pregnant in _____.
(month and year)

I understand that my occupational radiation dose during my entire pregnancy will not be allowed to exceed **0.5 rem (5 millisieverts)** *(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.

If it is determined that I am not pregnant, or if my pregnancy is terminated, I will promptly inform you in writing that my pregnancy has ended.

_____, _____
(Please sign) *(Date)*