

DECLARATION OF PREGNANCY

Name _____ Date of Birth _____
University ID# _____ Social Security # XXX-XX- _____
Campus Address _____ Telephone # _____
Date of Conception (Mo/Yr) _____

I am submitting this *Declaration of Pregnancy* to inform my principal investigator and Environmental Health and Safety (EH&S) that I am pregnant as of the date shown above. Under the provisions of 10 CFR Part 20.1208 or State of Iowa Standards for Protection Against Radiation (641-40.22(136C)) as applicable, I understand

- my exposure will not be allowed to exceed 5 mSv (500 mrem) during my entire pregnancy from occupational exposure to radiation;
- this limit includes exposure I have already received;
- if my estimated exposure has already exceeded 5mSv (500 mrem), I will be limited to no more than 0.5 mSv (50 mrem) for the remainder of my pregnancy; and
- I may revoke this declaration at any time with out explanation by submitting a signed and dated statement requesting the revocation.

Signature _____ Date _____

ACKNOWLEDGEMENT OF DECLARATION OF PREGNANCY

Name of Supervisor _____

I acknowledge that the above individual has submitted to me a Declaration of Pregnancy statement. I understand it is my responsibility to forward this form to the Radiation Safety Officer (RSO) at Environmental Health and Safety (EH&S) to ensure that this individual is properly trained about potential exposure risks to their unborn child.

Signature _____ Date _____

Contact EH&S to schedule a consultation: Radiation Safety Officer, (515) 294-5359 or email ehsinfo@iastate.edu.

The information furnished on this form will be used and maintained pursuant to 5 U.S.C. 552a(e)(3), enacted into law by Section 3 of the Privacy Act of 1974 (Public Law 93-579).