



DECLARATION OF PREGNANCY FORM

The Declared Pregnant Worker (DPW) Program is an optional dosimetry service offered to any female radiation worker. By completing this form in entirety, you are declaring pregnancy and requesting enrollment in fetal badge monitoring.

Personal Information

First Name	Last Name		Middle Initial
Maiden Name	UGA ID (9 digit #)		DOB (MM/DD/YYYY)
Mailing Address	City	State	Zip Code
E-Mail Address	Primary Phone Number		

Work Information

Department	Building	Room Number(s)	Radiation Sources
			X-ray <input type="checkbox"/> RAM <input type="checkbox"/>
			X-ray <input type="checkbox"/> RAM <input type="checkbox"/>
Name of Authorized User or Supervisor		E-Mail of Authorized User or Supervisor	

Acknowledgements

I have read and understand the NRC Regulatory Guide 8.13 *"Instructions Concerning Prenatal Radiation Exposure"*.

I have read and understand Chapter 3 Section 5.4: Occupational Exposure to Pregnant Women in UGA's Radiation Safety Manual.

I understand that my participation in the DPW Program is completely voluntary and that I may un-declare my pregnancy in writing to UGA's Radiation Safety Office at any time and for whatever reason.

I understand that the radiation exposure to the embryo/fetus of a declared pregnant woman should not exceed an ALARA action level of 50 mrem/month and shall not exceed 500 mrem for the term of the pregnancy.

I agree to practice and comply with all ALARA principles and rules outlined in UGA's Radiation Safety Manual.

I understand that meeting the lower dose limit may require a change in job or job responsibilities during my pregnancy.

I agree to comply with the provided guidance on the proper wearing, placement, and care of the fetal dosimeter badge.

Declaration

In accordance with the NRC's regulations at 10 CFR 20.1208, I am declaring that I am pregnant.

I believe I became pregnant in: _____ (only the month and year need be provided)

Signature of individual requesting dosimetry	Date
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Signature of AU or Supervisor	Date
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This Box for Use by Radiation Safety Only				
Badge Number		Series		Issue Date

*The information on this form should be considered confidential with respect to individual privacy. This information shall only be used for purposes of documenting and tracking individual radiation exposure in accordance with the requirements of the Nuclear Regulatory Commission and the State of Georgia