



## DECLARATION OF PREGNANCY FORM

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

### Personal Information

Last Name	First Name	Middle Initial
UGA ID Number	Date of Birth	State
Mailing Address	City	Zip Code

### Work Location

Department	Building Name & Number	Room Number(s)	Personal Phone Number
E-Mail Address	Name of Authorized User	Radioactive Materials Permit Number if applicable	

### Type of Occupational Radiation Exposure

Will you be working with X-Ray equipment?	Yes	No			
Will you be working with radioactive materials?	Yes	No			
If you are working with radioactive materials, please list the isotopes and the approximate quantity of <b>each isotope</b> that will be handled at any one time in the space below.					
Radioisotope	Quantity (mCi)	Radioisotope	Quantity (mCi)	Radioisotope	Quantity (mCi)

### 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 in the UGA Radiation Safety Manual: Occupational Exposure to Pregnant Women.
- 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 DPW 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 the UGA 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 dosimetry 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 to be provided)

Signature of individual requesting dosimetry	Date
Signature of Authorized User	Date

### This Box for Use by Radiation Safety Only

Participant Number	Series	Register Date
Spare Badge Number	Spare Ring Number	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.*