

## FORM LETTER FOR DECLARING PREGNANCY

This form letter is provided for your convenience. To make your declaration of pregnancy, you may fill in the blanks in the form letter and give it to your employer or you may write your own letter.

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### DECLARATION OF PREGNANCY FOR RADIATION WORKERS

To: \_\_\_\_\_  
(Name of your supervisor or other employer representative)

I am declaring that I am pregnant. I believe I became pregnant in \_\_\_\_\_, \_\_\_\_\_ (only the month and year need be provided).

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 I find out that I am not pregnant, or if my pregnancy is terminated, I will promptly inform you in writing that my pregnancy has ended. (This promise to inform your employer in writing when your pregnancy has ended is optional. This sentence may be crossed out if you wish.)

\_\_\_\_\_  
(Your signature)

\_\_\_\_\_  
(Your name, printed)

\_\_\_\_\_  
(Date)