Declaration of Pregnancy Letter

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

To Supervisor/AU: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**DECLARATION OF PREGNANCY**

In accordance with the Nuclear Regulatory Commission 10 CFR 20.1208, “Dose to an Embryo\Fetus,” and State regulations, I am declaring that I am pregnant. I believe I became pregnant in \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (only month and year need to be provided).

I understand that my occupational radiation dose during my entire pregnancy will not be allowed to exceed 0.5 rem (5 milliseverts) (unless that dose has already been exceeded between the time of conception and submitting this letter). I am also aware of that the radiation exposure to the embryo/fetus of a declared pregnant woman should not exceed an ALARA action level of 50 mrem per month. I also understand that meeting the lower dose limit may require a change in job or job responsibilities during my pregnancy.

(Your name printed)

(Department, phone #, e-mail)

(Your Signature and Date)

Please submit the completed form to the Office of Radiation Safety: [radiation@montana.edu](mailto:radiation@montana.edu)