

DECLARATION OF PREGNANCY FORM

Personal And Confidential

In accordance with Paragraph 206 of 10 CFR 835, and Article 214 of the BNL Radiological Control Manual, I am voluntarily declaring that I am pregnant or have the intention to become pregnant, for the purposes of lowering the dose received by my embryo/fetus. I realize that work restrictions may be imposed (after consultation with me) to ensure that the dose received by my embryo/fetus does not exceed the Administrative Control Level established by the BNL Radiological Control Manual (350 mrem during the entire gestation). I also realize that supplemental dosimetry may be supplied to me, along with monthly reports of the dose received by my embryo/fetus. I understand that additional counseling and information are available if I have any questions.

Estimated Date of Conception _____

Name: _____ SSN: _____
Print

Life/Guest No.: _____ Date: _____
Signature

Supervisor: _____
Signature Life/Guest No.: _____ Date: _____

FS Representative: _____
Signature Life/Guest No.: _____ Date: _____

Submission of this form will in no way affect the benefits, seniority, or potential for promotion of the person signing this form. Withdrawal of this declaration can be made at any time by signing and submitting the form "*Withdrawal of Pregnancy Declaration.*"

Received By:
(PM): _____
Signature Life/Guest No.: _____ Date: _____