

**Kansas State University  
Department of Environmental Health and Safety  
108 Edwards Hall, Manhattan, KS 66506**

**Declaration of Pregnancy for Laboratory Workers**

Please enter information in all fields and send form to the Radiation Safety Office (RSO) at the above address.

Name: \_\_\_\_\_ SS#: \_\_\_\_\_

Authorized User/Lab Supervisor: \_\_\_\_\_

Approximate Date of Conception (or Due Date, if known): \_\_\_\_\_

Do you wish for this notice to be kept confidential for the present? Yes No (circle one)

You will be contacted by the RSO in a few days to address any concerns and discuss any special procedures or modifications in dosimeter or bioassay monitoring that may be required. Please call the RSO at 2-5856 if you have not been contacted within two weeks. This declaration can be withdrawn at any time without explanation.

**PRIVACY ACT INFORMATION**

Under the Privacy Act of 1974, all data of a private nature must be protected from unauthorized disclosure. Section 6311 of Title 5 of the US Code authorized collection of this information. The primary use of this information is for tracking occupational doses of ionizing radiation as required by Kansas Administrative Regulations 28-35. Collection of this information, including your social security number is authorized by K.A.R. 28-35-230a and 28-35-334. Furnishing the information on the form is voluntary, but failure to do so may result in disapproval of use of radioactive material or devices.

List the isotopes or radiation devices and activities you are working with or anticipate working with during your pregnancy (isotope, maximum mCi per day and maximum mCi per month, etc.):

**By signing below, I indicate that I understand the exposure to my unborn child from occupational exposure to radiation will not be allowed to exceed 500 mrem during the entire pregnancy. I also understand that this limit includes any exposures I have received since conception, and that if the dose to my unborn child has already exceeded 500mrem, the dose for the remainder of my pregnancy must be limited to 50 mrem. I further understand that if I should find out that I am not pregnant, or if for any reason my pregnancy is terminated, I should inform my supervisor and/or the RSO as soon as practical.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_