

Institute of Biosciences and Technology  
Texas A&M University System Health Science Center  
Safety Office

**DECLARATION OF PREGNANCY**

The Texas Regulations for Control of Radiation define **Declared Pregnant Woman** as:

“A woman who has voluntarily informed her employer, in writing, of her pregnancy and the estimated date of conception.”

By completing and returning this form, you are declaring your pregnancy. As a result of this action, your radiation dose limits will automatically be reduced from 5 rems per year to 0.5 rems per 9-month gestation period. The Safety Office will review your work duties, provide information regarding risks of radiation exposure, and provide dosimetry (if appropriate) which will be replaced monthly until we are notified that you are no longer pregnant.

Name \_\_\_\_\_ Social Security No: \_\_\_\_\_  
(print or type)

Estimated Date of Conception: \_\_\_\_\_

Describe your radiation work since date of conception (include isotope & activity data):

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Describe Normal (and anticipated radiation work duties if different than above):

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

**RETURN COMPLETED FORM TO THE SAFETY OFFICE (Room 301A)**