

UNLV

RADIATION SAFETY OFFICE

4505 MARYLAND PARKWAY, LAS VEGAS, NEVADA 89154-1042
(702) 895-4226

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 this form letter and give it to your Radiological Safety Officer (RSO) or you may write your own letter.

DECLARATION OF PREGNANCY

To: _____, UNLV Radiation Safety Officer

I am declaring that I am pregnant. I believe I became pregnant in:
(only the 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 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 responsible 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. The sentence may be crossed out if you wish.)

(Your signature)

(Your name printed)

(Date)