



RADIATION PROTECTION

Declared Pregnant Worker (DPW) Form

The information contained herein is subject to the Federal Privacy Act, 10 CFR 1008, and is confidential.

I am formally declaring that I am pregnant, in accordance with 10 CFR 835.206, for the purposes of lowering the dose limit for my embryo/fetus. I realize that work restrictions may be imposed to ensure that my embryo/fetus does not receive a dose in excess of that given in 10 CFR 835 (500 mrem during the entire period of gestation). I also realize that supplemental dosimetry may be supplied to me, along with periodic reports of the dose received by my embryo.

I authorize LBNL to release this information as necessary to implement the dose limit for my fetus. I understand that this declaration is voluntary and will automatically end one year from the estimated date of conception.

Estimated date of conception (month and year): _____

Printed name	Signature	Date
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Submission of this form will in no way affect the benefits, seniority, or potential for promotion of the person signing this form.

Reviewed by Dosimetry Technical Lead:

Printed name	Signature	Date
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Counseling Performed by:

Printed name	Signature	Date
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Reviewed by Radiological Control Manager (or designee):

Printed name	Signature	Date
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