



RADIATION PROTECTION

Declared Pregnant Worker (DPW) Form

This form is used voluntarily to formally declare status as a Declared Pregnant Worker (DPW). Please read this form carefully; members of the Environment, Health & Safety staff are available to answer any of your questions. Usually, questions are directed to Health Services or to the Radiation Protection Group.

I am formally declaring that I am pregnant, in accordance with 835.206 of 10 CFR 835, 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 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 will automatically end 10-months from the estimated date of conception.

Estimated date of conception: _____

Separately, I ☐ would ☐ would not like to receive counseling or information from someone in EHS or Health Services. (Please indicate what type of concern you have.)

Printed name

Signature

Date

Submission of this form will in no way affect the benefits, seniority, or potential for promotion of the person signing this form. Return this completed form to Dosimetry, MS 75-113.

Reviewed by Dosimetry Technical Lead:

Printed name

Signature

Date

Reviewed by Radiological Control Manager/Health Physics HP Team Manager:

Printed name

Signature

Date

Counseling completed by:

Printed name

Signature

Date