



RADIATION PROTECTION

Declared Pregnant Worker (DPW) Withdrawal of Declaration Form

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

I am withdrawing my previous declaration of pregnancy. I understand that, as a result of signing and submitting this form, any work restrictions that have been imposed as a result of my previously submitted "Declaration of Pregnancy" will be lifted.

Date of pregnancy declaration: _____

Printed name	Signature	Date

Reviewed by Dosimetry Technical Lead:

Printed name	Signature	Date

Reviewed by Radiological Control Manager (or designee):

Printed name	Signature	Date