



RADIATION PROTECTION

Declared Pregnant Worker (DPW) Withdrawal of Declaration Form

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

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.

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