

YALE UNIVERSITY
Notification of Declared Pregnancy

DATE: _____

TO: Tammy Stemen, Radiation Safety Officer - EHS Office, 135 College Street

FROM: _____

NETID: _____

DEPARTMENT: _____

ADDRESS: _____

SIGNATURE: _____

I have completed and submitted this form to inform you that I am pregnant. The estimated date of conception* was on or about (month/year). I understand that the exposure limit for the embryo/fetus is 0.5 rem for the entire gestation period.

I also understand that meeting the lower dose limit may require a change in job or job responsibilities during my pregnancy.

Please check one of the following:

_____ I have questions related to the radiation protection of the embryo/fetus and would like a professional from the EHS/Radiation Safety Office to contact me at:

Home or Work Phone Number

_____ If I have questions related to the radiation protection of the embryo/fetus, I will contact the Radiation Safety Officer at (203) 737-2140 or (203) 785-3550.

*The NRC defines a declared pregnant woman as "a woman who has voluntarily informed the licensee, in writing, of her pregnancy and the estimated date of conception.." Only the month and year need be provided.

Note that you may "undeclare" your pregnancy by notifying the EHS/Radiation Safety Office.

If the declaration is not withdrawn, it will be considered expired one year after submission.

Dec. 2019