

DECLARATION OF PREGNANCY

LSUHSC-NO Radiation Safety Officer by the embryo/fetus from my occupation to 0.5 rem (500 mrem). I understand that embryo/fetus since it may be more sens applied from the estimated date of concupregnancy. I will comply with any restrict meet this limit. If I am not contacted with	e of Federal Regulations, Part 20, I hereby declare (RSO). This declaration authorizes RSO to evaluate the exposure to ionizing radiation and to assist must this limit is intended to provide an extra measurative to ionizing radiation than an adult. The 0.5 ception,, untrictions imposed on my use of ionizing radiation within five work days of when this form should have the and Safety by calling (504) 568-6585. ed, printed and signed)	uate the dose received ne in limiting that dose are of protection for the rem limit will be il the end of the by the RSO in order to
Name (printed)	Phone Number	_
(prince)	Thone Number	
Employee ID Number	Date of Birth	_
Work Location Mailing Address		_
Signature	Date	_
Send in envelope marked "Confidential LSUHSC-NO Radiation Safety Officer		

Privacy Act Statement: The information requested on this form is essential for maintenance of records for individuals potentially exposed to ionizing radiation, as required by the Code of Federal Regulations, Title 10, Part 20.Certain information is protected by the Privacy Act of 1974. The primary users of this information are the Radiation Safety Officer, LSUHSC-NO. "Routine Uses" may also include disclosure of some information provided on this form to the U.S. Nuclear Regulatory Commission or if necessary to defend the Government or an employee of LSUHSC-NO in a lawsuit.

Stanislaus Hall, Room 216