

 Environmental Health and Safety <small>UNIVERSITY OF CENTRAL FLORIDA</small>	Effective Date: 06/11/2018	Form Number: EHS_SOP401_FORM004 (Form RC-16)
TITLE: Declaration of Pregnancy	Responsible Authority: Radiation Safety Coordinator	

To: UCF Radiation Safety Officer

In accordance with section 64E-5.311, Florida Administrative Code, I am declaring that I am pregnant. I believe that I became pregnant on the following date:

_____ _____
Month Year

I understand that the radiation dose to my embryo/fetus during my entire pregnancy will not be allowed to exceed 500 millirem (unless that dose has already been exceeded between the time of conception and submitting this declaration). I also understand that meeting the lower dose limit may require a change in job or job responsibilities during my pregnancy.

Signature

Printed Name

Date