RADIATION SAFETY PLAN

APPENDIX I

RSO-6			
NOVA SOUTHEASTERN UNIVERSITY		DECLARATION OF PREGNANCY	
IPRINT NAME		hereby am declaring	g I am pregnant.
I believe I became pregnant in	MONTH	YEAR	_
I understand that my occupational radiation dose during my entire pregnancy will not be allowed to exceed 0.5 rem (500 mrem), unless that dose has already been exceeded between the time of conception and submitting this letter. I also understand that meeting the lower dose limit may require a change in job or job responsibilities during my pregnancy.			
If I find out that I am not pregnant, of that my pregnancy has ended.	or if my pregnanc	y is terminated, I will	promptly inform you
Signature:		Date:	
RSO Review:		Date:	