



PREGNANCY DECLARATION BY A WOMAN WORKER

TO BE COMPLETED BY THE WORKER		
Worker Name	Badge Number	Social Security Number
Date/Time	Work phone number	
Job Title	Employer/Supervisor's Name	
Work Place		
DECLARATION		
<p><i>I am voluntarily declaring that I am pregnant, for the purpose of lowering the dose received by my embryo/fetus. I realize that my job assignment or responsibilities may change due to work restrictions imposed to ensure that the embryo/fetus radiological dose is maintained within limits specified in FAC 64E-5.311. I will cooperate with any supplemental radiological monitoring and dose evaluations that may be required to ensure compliance with FAC 64E-5. The work restrictions may also apply during the entire gestation time or until I make a formal withdrawal of my pregnancy declaration. I understand that submitting this Pregnancy Declaration Form will in no way affect my pay, benefits, seniority, or potential for promotion.</i></p>		
Estimated conception date	Estimated delivery date	
Worker Signature	Date	
TO BE COMPLETED BY FIU SUPERVISOR		
Receipt verified by:	Signature	Date
Notification made to RSO:		
Declaration recorded (by RSO):		
Received from RSO by (Department Head/Program Manager /Principal Investigator):		
Worker's Supervisor:		