

RPR49A Request for Withdrawal from External Radiation Dose Monitoring Program

Name: _____	UNID: _____
Current Job Title: _____	Contact Phone: _____
Department: _____	
Supervisor: _____	Contact Phone: _____
<p>What sources of radiation do you use or work around?</p> <input type="checkbox"/> Radioactive Materials <input type="checkbox"/> Radiation Generating Machines	
<p>Describe any duties you have involving potential exposure to radiation.</p>	
<p>Have there been changes to your duties that have affected your radiation exposure recently?</p> <input type="checkbox"/> Yes (Describe Below) <input type="checkbox"/> No	
<p>I hereby request to withdraw from the Radiation Dose Monitoring Program. I understand that my answers above will be reviewed and that if I fall into a category of workers who must participate in the dose monitoring program, I will continue to appropriately wear my issued dosimeter. However, if my request for withdrawal is granted, I understand that it is my responsibility to notify the Radiological Health Department or the Diagnostic Medical Physicist if there is a change in my job responsibilities that will affect my dose.</p>	
_____ Signature	_____ Date

Radiological Health Department Use Only	
Reviewer: _____	
<p>Comments:</p>	
<p>Recommendation: <input type="checkbox"/> Approve Request <input type="checkbox"/> Deny Request</p>	
RSO Signature: _____	Date: _____

RPR49B DECLARATION OF PREGNANCY*

I, _____, in accordance with the State of Utah's regulations, R313-15-208
(Full Name)
regarding pregnant radiation workers, am declaring that I am pregnant. I would like to
continue my current work assignment in the _____ Department at the University
of Utah. I believe I became pregnant in _____. My estimated date of delivery is
(month/year)
_____.
(month/year)

I understand the radiation dose to my embryo/fetus during my entire pregnancy will not be
allowed to exceed 500 mrem (5 mSV). I also understand that meeting this dose limit may require
a change in my job responsibilities during pregnancy.

Signed _____

Date _____

Dept. Address _____

Phone _____

*The NRC and State defines a declared pregnant woman as "a woman who has **voluntarily**
informed her employer 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 Radiological Health Department
in writing

**The Radiological Health Department reserves the option to deem that this declaration of
pregnancy has lapsed and no longer is in effect on the earlier of either: 1) 60 days after the
estimated date of delivery designated by the declarant on the form of declaration; or 2) one
year after the date of receipt of the above Declaration of Pregnancy Form (RPR 49B) at the
Radiological Health Department office.**