

**UNIVERSITY OF NEVADA, LAS VEGAS**  
**RADIOLOGICAL SAFETY OFFICE**  
 4505 MARYLAND PARKWAY-LAS VEGAS, NEVADA 89154-1042  
 (702) 895-4226

**FORM LETTER FOR DECLARING PREGNANCY**

This form letter is provided for your convenience. To make your declaration of pregnancy, you may fill in the blanks in this form letter and give it to your Radiological Safety Officer (RSO) or you may write your own letter.

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DECLARATION OF PREGNANCY

To: \_\_\_\_\_, UNLV Radiation Safety Officer

I am declaring that I am pregnant. I believe I became pregnant in \_\_\_\_\_  
 (only the month and year need to be provided).

I understand that my occupational radiation dose during my entire pregnancy will not be allowed to exceed 0.5 rem (5 millisieverts) (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 responsible during my pregnancy.

I further understand that this Declaration may be rescinded by me at any time.

(Your signature)

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(Your name printed)

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(Date)

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