

**Form RC-16**

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**DECLARATION OF PREGNANCY**

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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