

**THE UNIVERSITY OF MISSISSIPPI
DEPARTMENT OF HEALTH & SAFETY
(662) 915-5433**

To: _____
(Name of your supervisor)

I am declaring that I am pregnant. I believe I became pregnant during the month of _____ in the year _____.

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 responsibilities during my pregnancy.

If I find out that I am not pregnant, or if my pregnancy is terminated, I will promptly inform you in writing that my pregnancy has ended. (This promise to inform your employer in writing when your pregnancy has ended is optional. The sentence may be crossed out if you wish.)

Signature

Printed name

Date