

WITHDRAWAL OF PREGNANCY DECLARATION

(Reference: [MNL-RS0001](#) & [WI 02.01.01.01.20](#))

Name: _____ Badge: _____

In accordance with 10 CFR 835, Chapter 8 of the "Pantex Radiological Control Manual," and WI 02.01.01.01.20, I am withdrawing my previous declaration of pregnancy.

I understand that, as a result of signing and submitting this form, any radiological and/or chemical work restrictions imposed as a result of the previous pregnancy declaration (PX-2820) will be lifted.

Signature: _____ Date: _____

OMD USE ONLY

- Reviewed medical history/record
- Discussed current work assignment with individual
- Reviewed personal physician-supplied information, if any
- Documented medical restrictions & reviewed with individual
- Copy of revised restrictions and this form to **Hazard Communication 12-132** (date sent):
- Original of revised restrictions and this form to **Radiation Safety 12-122** (date sent):

Clinician Signature / Badge No.: _____ Date: _____

RSD Signature / Badge No.: _____ Date: _____

Supervisor's Signature / Badge No.: _____ Date: _____

Send or take completed form to Radiation Safety 12-122.

OFFICIAL USE ONLY

Contains information which may be exempt from public release under Freedom of Information Act (5 U.S.C. 552), Exemption number(s): 6 Personal Privacy. Approval by the Department of Energy prior to public release is required.

Reviewed by: Martha W. Chase, B&W Pantex (D0756) Date: 01/21/2009
Guidance (if applicable) DOE G 471.3-1, April 2003

UNCLASSIFIED
When Form is Blank