



Health  
Physics

**Pregnant or Breastfeeding Nuclear Energy  
Worker Declaration  
HP-FORM-RMM-00003**

Revision: R1  
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Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_  
 Department: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
 Building: \_\_\_\_\_ Room: \_\_\_\_\_  
 Email: \_\_\_\_\_ Contact Phone: \_\_\_\_\_

**Pregnancy for Nuclear Energy Worker Declaration**

I wish to inform the McMaster University Health Physics Department that I am pregnant. I understand that university policy prohibits pregnant workers from working with unbound radioiodines. I am aware that Health Physics may conduct a risk assessment of my workplace if one is considered necessary. I understand that pregnant NEWs are subject to different Administrative Control Levels on dose, and that the Administrative Control Level for a pregnant NEW is 2 mSv for the balance of the pregnancy, and 0.2 mSv for a shift.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Expected Delivery Date: \_\_\_\_\_

- I would like more information from Health Physics
- I have additional radiation safety concerns I would like to discuss

**Breastfeeding Nuclear Energy Worker Declaration**

I wish to inform the McMaster University Health Physics Department that I will be breastfeeding. I understand that university policy prohibits breastfeeding workers from working with unbound radioiodines. I am aware that Health Physics may conduct a risk assessment of my workplace if one is considered necessary.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Expected Stop Date: \_\_\_\_\_

- I would like more information from Health Physics
- I have additional radiation safety concerns I would like to discuss

**For Health Physics Use Only**

Reviewed By: \_\_\_\_\_ Date: \_\_\_\_\_

Signed: \_\_\_\_\_

Additional Actions Required: