



## Declaration of Pregnancy Form

(Confidential Document) \*

### Personal Information

|                |                      |                   |                      |
|----------------|----------------------|-------------------|----------------------|
| Name           | <input type="text"/> | KAUST ID          | <input type="text"/> |
| Nat./Iqama No. | <input type="text"/> | DOB (MM/DD/YYYY)  | <input type="text"/> |
| Nationality    | <input type="text"/> | Job Title         | <input type="text"/> |
| Email          | <input type="text"/> | Office&Mobile No. | <input type="text"/> |

### Work Information

|               |                      |                   |                      |
|---------------|----------------------|-------------------|----------------------|
| Department    | <input type="text"/> | Lab Number (FLOC) | <input type="text"/> |
| RUA holder/PI | <input type="text"/> | RUA#              | <input type="text"/> |

### Acknowledgement

I am submitting voluntarily this Declaration of Pregnancy to inform the Radiation Safety Officer (RSO) that I am pregnant. I believe I came pregnant in [Click here to enter a date.](#)

In accordance with Article (23) of the "NRRC-R-01 Radiation Safety" regulations (2022), I understand that the radiation exposure limit set by the Competent Agency for the embryo/fetus of the declared pregnant worker is 1 mSv for the duration of the pregnancy. In line with the KAUST Radiation Safety Manual, I will continue to minimize my exposure and participate in a monitoring program for pregnant workers if I work with sources of ionizing radiation.

By signing this document, I confirm that I have read and understood the information provided above. Furthermore, I agree to abide by the KAUST Radiation Safety Manual and will review the information contained on the Reproductive Hazards webpage on HSE website.

|           |                      |      |                      |
|-----------|----------------------|------|----------------------|
| Signature | <input type="text"/> | Date | <input type="text"/> |
|-----------|----------------------|------|----------------------|

Please sign and submit completed form to the KAUST RSO ([radsafety@kaust.edu.sa](mailto:radsafety@kaust.edu.sa))

| This Box for Use by Radiation Safety Officer Only |                      |            |                      |
|---|----------------------|------------|----------------------|
| Badge Number                                      | <input type="text"/> | Issue Date | <input type="text"/> |
| RSO   | <input type="text"/> | Signature  | <input type="text"/> |

\*The information on this form should be considered confidential with respect to individual privacy. This information shall only be used for purposes of documenting and tracking individual radiation exposure in accordance with the requirements of the Nuclear and Radiological Regulatory Commission and KAUST.