

**Form 205 – Prenatal Radiation Exposure Form**

DATE: \_\_\_\_\_

Radiation Safety Officer, EH&S  
**California State University, Northridge**  
18111 Nordhoff Street  
Northridge, CA 91330-8284

To the CSUN Radiation Safety Officer:

This is to certify that I have received the U.S. Nuclear Regulatory Commission's Regulatory Guide 8.13, "*Instruction Concerning Prenatal Radiation Exposure*" (with appendices), concerning possible health risks associated with prenatal exposure to radiation.

Sincerely,

Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Student/Employee ID Number: \_\_\_\_\_