

Spare Y / N    Spare No.: \_\_\_\_\_    Activated: \_\_\_\_\_    Deactivated: \_\_\_\_\_



## Pregnancy Declaration Form

I, \_\_\_\_\_, hereby voluntarily declare my pregnancy, so the Radiation Safety Office may monitor any radiation exposure to my embryo/fetus. I will receive a radiation badge and do the following:

- I will wear the badge at waist level,
- I will wear the badge underneath my lead apron, if working with x-ray producing machines (please do not place badge in outer pockets of lead apron), and
- I will exchange the badge on a monthly basis to monitor fetal exposure.

The Texas Regulations for Control of Radiation, 25 TAC §289.202(m) and 25 TAC §289.231(m) limits the dose to an embryo/fetus to 5 mSv (500 mrem) for the entire pregnancy for a *DECLARED* pregnant woman. A copy of your exposure history will be made available for review at the Radiation Safety Office, WT1.100. If you have any questions or require a consultation, please contact Radiation Safety at 214-645-1353.

Estimated Conception Date: \_\_\_\_\_ Estimated Due Date: \_\_\_\_\_

Employer:    Children's Health    Parkland Health    University Hospitals    UTSW-Research

Employee ID: \_\_\_\_\_

Department: \_\_\_\_\_

Series code: \_\_\_\_\_

RDC Personal Identifier #: \_\_\_\_\_

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

**NOTE: If you have any questions, please contact your Badge Monitor or the Radiation Safety Office at 214-645-1353.**