

The University of Texas
Southwestern Medical Center at Dallas

Pregnancy Declaration

I, _____, hereby voluntarily declare
(PRINT NAME) LAST FIRST
my pregnancy so the Radiation Safety Office may monitor any possible radiation exposure to my embryo/fetus. I will receive a radiation badge that should be worn at waist level to monitor fetal exposure. The Texas Regulations for Control of Radiation, 25 TAC § 289.202(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, S1.200. If you have any questions or require a consultation, please contact Radiation Safety at (214) 648-3204.

Estimated Conception Date: _____ Estimated Due Date: _____
Signature: _____ Date: _____
Employer: UTSWMC PMH CMC Other: _____
Department: _____ Phone / Pager: _____
Social Security No.: _____ Birth date: _____
Mailcode: _____

NOTE: If this is your first issued radiation badge, please also fill out RSF-024, Radiation Badge Request Form. Both of these forms need to be submitted in order to process your request/application. Please submit these forms to Pam Vargas, Radiation Safety, UT Southwestern, Mail code 9053.