



Environmental Health and Radiation Safety Radiation Safety Office

Request for Fetal Badge Monitoring

Personal Information

Fill out all fields for the personal information of the radiation worker.

Legal Name	_____	Rocket ID #	_____
Email	_____	Birthdate	_____
Department	_____	Estimated Due Date	_____
Title/Position	_____	Estimated Conception Date	_____

Are you currently wearing a dosimeter? Yes No

If you answered no to the above question, please fill out a Dosimeter Request Form.

Other Employment as a Radiation Worker

Institution	_____	Institution	_____
Address	_____	Address	_____
City/State	_____	City/State	_____
Contact Info	_____	Contact Info	_____

Applicant Agreement

- **I voluntarily declare my pregnancy**
- I have received instruction from the RSO or his designate and understand the material presented and was provided a discussion period, during which my questions were answered satisfactorily.
- I understand that NRC recommendations and NRC Regulation 10CFR 20 limit the radiation dose to the embryo/fetus to 500 mrem during the term of pregnancy. The primary method of monitoring exposure from external radiation sources will be a dosimeter properly worn by me near the waist and under any protective device.
- I acknowledge that my dosimetry records indicate a whole body exposure of _____mrem from the time of conception through the date of my declaration of pregnancy.

I authorize the University of Toledo to receive a summation of all pertinent previous and/or concurrent occupational radiation exposure data. I agree to return all dosimeters in a timely manner and report losses promptly. I understand that failure to return dosimetry may result in fines to my department.

Signature _____ Date _____