FETAL DOSIMETER APPLICATION

To receive a fetal dosimeter, please fill out the form below and return by Campus Mail to:

HEALTH PHYSICS
CAMPUS BOX 413
(303) 492-6523

FOR HPL USE ONLY:
Dosimeter freq._____ Part #_____
Mother's Dosimeter #_____ Date Start_____Term_____

Employee Name:_____
(last) (first) (M.I.)

Local Address:_____

Campus Address:_____ID NO.:_____
(Licensee) (Room)

PLEASE INDICATE (FROM AMONG THE FOLLOWING) THE TYPE OF ID NUMBER USED: U.S. Social Security Number ( ), Passport ( ), Canadian Social Insurance ( ), Work Permit ( ), Other (please specify) _____ ( ).

Conception Date (Approx.)_____ Due Date:_____

Please list any radioactive isotopes or radiation-producing machines you plan to be working with or around during pregnancy:

Isotope/Machine	Activity
_____	_____
_____	_____
_____	_____
_____	_____

I HEREBY DECLARE MYSELF A PREGNANT RADIATION WORKER AT THE UNIVERSITY OF COLORADO AND REQUEST THE PROTECTION OF TITLE 10, PART 20 OF THE CODE OF FEDERAL REGULATIONS (see below).

_____ _____
(Employee Signature) (Date)

(Every effort will be made to preserve the privacy of the Declared Pregnant worker and her condition).

Definition of DECLARED PREGNANT WORKER: "A woman who has voluntarily informed her employer, in writing, of her pregnancy and the estimated date of conception." (10 CFR 20.1003)

DOSE LIMIT to embryo/fetus: 10 CFR 20.1208 details the dose to the fetus over the full term of pregnancy as 0.5 rem. This dose is determined by the sum of the deep dose to the pregnant worker and the dose to the embryo/fetus from the radionuclides in the declared pregnant worker.