## FETAL DOSIMETER APPLICATION

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

CU Radiation Safety Office<br>413 UCB, Boulder, CO 80309<br>(303) 492-6523<br>radsafety@colorado.edu

Employee Name:
Local Address (to send final dose report):
Radiation Licensee (Professor/PI):
Campus Address:
Identikey: Dosimeter Number (if known):

## Conception Date (Approx.) <br> Due Date:

Some women prefer to wear only one badge for privacy or convenience reasons. (Remember the mother's badge may be worn anywhere on the torso between the neck and waist.)

If you do not want a second badge to be worn on the belly, please initial here:
Please list any radioactive isotopes (and activity used in mCi ) or radiation-producing machines you plan to be working with or around during pregnancy:

Isotope/Machine $\quad$ 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)

[^0]
[^0]:    Every effort will be made to preserve the privacy of the Declared Pregnant Worker and her condition. Please notify our office when fetal monitoring is no longer necessary.

    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 limit to the fetus over the full term of pregnancy as 0.5 rem ( 500 mrem ). 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.

