

**THE UNIVERSITY OF TEXAS AT ARLINGTON**  
**Environmental Health & Safety Office**

## Pregnancy Declaration

<b>Name:</b>	
<b>UT Arlington Number:</b>	
<b>Department:</b>	
<b>Phone Extension:</b>	

I hereby voluntarily declare my pregnancy so that any possible radiation exposure to the embryo/fetus can be monitored. I will receive a radiation dosimeter that should be worn at waist level to monitor fetal exposure. The Texas Regulations for Control of Radiation, 25TAC§202(m), limit the dose to the embryo/fetus to 0.5 rem (5 mSv) during the entire pregnancy for a DECLARED pregnant woman. Additionally, efforts shall be made to avoid substantial variation above a uniform monthly exposure rate to a declared pregnant woman so as to satisfy the above limit. A review and/or copy of my exposure history will be available at the Environmental Health & Safety Office.

<b>Conception Date:</b>	
<b>Approximate Due Date:</b>	

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

*Please contact UT Arlington's Radiation Safety Officer at 817-272-2185 if you have any questions.*

You may be entitled to know what information The University of Texas at Arlington (UT Arlington) collects concerning you. You may review and have UT Arlington correct this information according to procedures set forth in UTS 139. The law is found in sections 552.021, 552.023 and 559.004 of the Texas Government Code.

I agree to inform of co-employment as a radiation worker while at UT Arlington as a radiation worker. If you are issued dosimetry, information will be furnished to the dosimetry vendor to provide lifetime tracking of dose and kept in a secure, confidential database, akin to a medical record. Information requested allows you to be unambiguously identified across institutions.

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