

**DISCONTINUATION OF FETAL BADGE
(WITHDRAWAL OF PREGNANCY DECLARATION FORM)**

The Texas Regulations for Control of Radiation define **Declared Pregnant Woman** as

"A woman who has voluntarily informed her employer, in writing, of her pregnancy and the estimated date of conception."

By completing and returning this form, you have voluntarily decided to discontinue fetal dosimetry surveillance at Texas A&M.

Name _____ TAMU Universal ID # _____
(print or type)
Permittee/Department _____ Phone No. _____

Signature _____ Date _____

"State law requires that you be informed of the following: (1) you are entitled to request to be informed about the information about yourself collected by use of this form (with a few exceptions as provided by law); (2) you are entitled to receive and review that information; and (3) you are entitled to have the information corrected at no charge to you." Contact: radiological-safety@tamu.edu or (979) 845-2132.

RETURN COMPLETED FORM TO EHS, MS 4472 or email radiological-safety@tamu.edu.