



Name: \_\_\_\_\_  
 (please print) Last First Middle Maiden

OSU employee ID: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Department: \_\_\_\_\_

Address: \_\_\_\_\_

OSU Email: \_\_\_\_\_

To request a fetal badge, please use the RS-13, Declaration of Pregnancy form found on our website:  
<https://ehs.osu.edu/sites/default/files/rs-13-badge-fetal.pdf> **Do not use this form to request a fetal badge.**

**Check all that apply**

- Permanent badge
- Collar badge (orange)
- Temporary badge
- Whole Body badge (white)
- Date of badge use: \_\_\_\_\_
- Ring badge (select size)
- Small
- Medium
- Large
- Flex Ring

**Will you be using Fluoroscopy?**  
 Yes No

Date of CBL: \_\_\_\_\_

**Are you currently or have ever been monitored at another institution? If yes, you must complete an RS-11 form,** which can be found on our website: [https://ehs.osu.edu/sites/default/files/rs-11\\_form.pdf](https://ehs.osu.edu/sites/default/files/rs-11_form.pdf).  
 We are required to send for your exposure history.

I, the USER, certify that I understand all applicable regulations and have completed all the required radiation safety training.

\_\_\_\_\_  
 User's Name User's Signature Date

I, the Supervisor, certify that the above-named USER has satisfactorily completed all required radiation safety training.

\_\_\_\_\_  
 Supervisor's Name Supervisor's Signature Date

Add person to

**SERIES ID#:** \_\_\_\_\_ **Badge Coordinator:** \_\_\_\_\_

**Spare Badge #:** \_\_\_\_\_ **Coordinator's Phone #:** \_\_\_\_\_

**Spare Wear Date:** \_\_\_\_\_ **Note:** \_\_\_\_\_

Return form to: **e-mail: [radiation.safety@osu.edu](mailto:radiation.safety@osu.edu)**

