

Declaration of Pregnancy

Instructions:

Complete this form then submit it either by fax (6-0966) or in person to the Vanderbilt Occupational Health Services (OHS) office located in 640 Medical Arts Building. OHS &/or Vanderbilt Environmental Health & Safety (VEH&S) will contact you to discuss precautions and any concerns you may have.

Confidential

To: Vanderbilt Occupational Health Services

SUBJECT: Declaration of Pregnancy

This is to notify you that I am pregnant and request protection under the State of Tennessee Regulations for the Protection Against Radiation regulation number 1200-2-5-.56.

My estimated date of conception was: _____

My estimated due date is: _____

I work in the department of: _____

and my work address/location is: _____

My immediate supervisor is: _____

and may be contacted at this phone number: _____

I may be contacted at this phone number: _____

Print Name

Social Security Number

Signature

Date