

## Declaration of Pregnancy

Instructions:

Complete this form then submit it either by fax (448-7255) or in person to the UT Memphis University Health Services (UHS) office located in 790 Madison 2nd Fl. A UHS Occupational Health representative will contact you to discuss precautions and any concerns you may have.

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### *Confidential*

**To:**           **The University of Tennessee Health Service**

**SUBJECT:**   **Declaration of Pregnancy**

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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: \_\_\_\_\_

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*Print Name*

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*Social Security Number*

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*Signature*

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*Date*