

# University of Tennessee Pregnancy Declaration Form

Completion of this form is strictly voluntary, and in no way are you to consider it as mandatory; however, you are strongly encouraged to declare your pregnancy. Once you declare yourself as pregnant, exposure to the fetus will be closely monitored as required by State and Federal regulations. Further, the regulatory limit or exposure to the fetus will be enforced.

If you wish to declare your pregnancy, please fill out the form and call Radiation Safety to schedule a short 15-minute consultation appointment. (865) 974-5580.

Full Name: \_\_\_\_\_ P.I.: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Dosimeter  
Number: \_\_\_\_\_

Lab Location: \_\_\_\_\_

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

By completing this form I am formally notifying the University of Tennessee Radiation Safety Department that I am pregnant. I understand the regulatory limit for exposure to the fetus is 500 millirem during the entire gestation period. I also understand that I may withdraw this pregnancy declaration at any time without providing a reason and that the withdrawal must be in writing.

Estimated date of conception: \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date of Completion

Radiation Safety Department, 2101 Terrace Ave., Knoxville, TN 37996-3559, (865) 974-5580