

VANDERBILT UNIVERSITY
DECLARATION OF PREGNANCY

Radiation protection regulations allow a radiation worker to decide whether she wants to formally declare her pregnancy to her employer, thereby taking advantage of the special dose limits provided to protect the developing embryo/fetus. A woman cannot be required by her employer to make a declaration of pregnancy, and a woman may withdraw her declaration of pregnancy at any time. If a woman chooses to declare her pregnancy, lower radiation dose limits will be applied. At Vanderbilt, this declaration of pregnancy is confidential; a radiation worker's pregnancy status will not be shared with the worker's supervisor or anyone outside of the Vanderbilt Occupational Health Clinic (OHC) and VEHS-Radiation Safety without the worker's consent.

Before submitting a declaration of pregnancy, please review the State of TN guidance, [Instruction Concerning Prenatal Radiation Exposure and Declared Pregnant Worker Issues](#), which provides information on the purpose, effects and expectations of declaring a pregnancy to guide pregnant radiation workers in making an informed decision on whether or not to formally declare their pregnancy.

Instructions:

Complete this form in its entirety and submit either by e-mail (click the "SUBMIT" button), fax (6-0966), or in person to the Vanderbilt Occupational Health Clinic (OHC) office located at 640 Medical Arts Building. OHC will forward your request to Vanderbilt Environmental Health & Safety (VEHS)—who will then contact you to discuss radiation precautions and any further concerns you may have.

Confidential

TO: Vanderbilt Occupational Health Clinic

SUBJECT: Declaration of Pregnancy

This is to notify OHC that I am a pregnant radiation worker and voluntarily request consideration under Rule 0400-20-05-.56 of the State of Tennessee Regulations for Protection Against Radiation.

I have read the State of TN guidance for pregnant radiation workers, *Instruction Concerning Prenatal Radiation Exposure and Declared Pregnant Worker Issues*.

- Estimated date of conception: _____
- Estimated due date: _____
- I work in the department of: _____
- My work address/location is: _____
- My immediate supervisor is: _____

Do not contact my supervisor.

My supervisor may be contacted at this phone number: _____

- I may be contacted at (list *both* e-mail and phone, then indicate preferred method of contact):
e-mail address: _____
phone number: _____

Print Name: _____ **VU Net ID:** _____

Signature*: _____ **Date:** _____

**no signature required if e-mailed from Vanderbilt.edu address*