

WITHDRAWAL OF PREGNANCY DECLARATION

Personal & Confidential

I am withdrawing my previous "*Declaration of Pregnancy.*" I understand that, as a result of signing and submitting this form, any radiological restrictions that have been imposed as a result of the previously submitted "*Declaration of Pregnancy*" will be lifted.

Individual Withdrawing:	_____	_____	
	Print Name	Social Security Number:	
Individual Withdrawing:	_____	_____	_____
	Signature	Life/Guest No.:	Date
Supervisor:	_____	_____	_____
	Signature	Life/Guest No.:	Date:
FS Representative:	_____	_____	_____
	Signature	Life/Guest No.:	Date:
Received By: (PM):	_____	_____	_____
	Signature	Life/Guest No.:	Date: