

## Appendix A:

### Reproductive Consultation Form

Please complete this information (**circle yes or no answer**) and give to EHS before consultation.

Name	Job/Dept.	Date
Phone No.	Supervisor	Employee No.
Fax No.	Bldg./Rm#	Age

**Agents Used at Work** (Please do *not* use abbreviations for chemical names)

<b>List chemical agents</b> you are currently using or anticipate that you might use during pre-conception period or pregnancy. (Continue on separate page if needed. Include CAS # if possible.)	<b>Frequency of Use:</b> (Daily, Weekly, Monthly, Rarely, etc.)	<b>Physical State of the Agent:</b> (Solid, powder, liquid, gas, etc.)	<b>Quantity used per Unit of time</b> (e.g. 10 mcg per week)	<b>Protective Equipment:</b> (Bench vs Hood, respirator, gloves, glove box, etc.)

Please send completed form to EHS: [safety@utk.edu](mailto:safety@utk.edu) | 865-974-5084 (phone) | 865-974-0094 (fax)