# FORM FOR

# **CONFIRMATION OF PREGNANCY**

THE UNDERSIGNED:…......................................................................................................................

EMPLOYED AT THE **LABORATORY**

AS (1)

**DECLARES**

* to be aware of the duty and obligation, placed on female workers, to “notify the Head of the relevant Facility about their **PREGNANCY** as soon as it is confirmed”,

**AND AGREE**

* to notify (2) the Head of her Facility about her **PREGNANCY** **as soon as it is confirmed**,
* to temporarily change her working conditions, in agreement with the Head of her Facility and the Head of Teaching and Research (RDRL), in accordance with the opinion on her suitability for her specific tasks, as expressed by the Occupational Physician,
* to comply with the measures adopted by the Head of Teaching and Research (RDRL), so that exposure to agents and working conditions that are hazardous to female workers is avoided under all circumstances,
* to return to normal work on the date to be agreed with the Head of Teaching and Research (RDRL), pursuant to Legislative Decree 151/2001.

(place and date)

In witness whereof

Signature (legible and full)

…………………………………………………