

**Indiana University Fort Wayne**  
**Medical Imaging and Radiologic Sciences**  
**STUDENT TECHNOLOGIST**  
**Declaration of Pregnancy**

I, \_\_\_\_\_, voluntarily declare by means of this written notice to Medical Imaging and Radiologic Sciences that I am pregnant; the estimated date of conception is \_\_\_\_\_ and anticipated due date \_\_\_\_\_.

I am aware of the radiation risks associated with radiation exposure and understand the monthly dose equivalent to the embryo/fetus is 0.5 mSv. I will receive a fetal radiation monitoring badge to record any exposure accrued during the pregnancy and agree to wear it as prescribed.

I have received a copy of NRC regulatory guide 8.13 Instruction Concerning Prenatal Exposure.

I will work with Program faculty to determine which option for Program modification, outlined in the Program pregnancy policy, I will elect to follow during the pregnancy.

I understand that my education as a student technologist may put me at risk of exposure to radiation and therefore agree to hold harmless the University, Medical Imaging and Radiologic Sciences, or any clinical affiliate for any defects and/or injury that may result from exposure to Radiation during the educational Program. I understand it is my responsibility to comply with all radiation safety rules established by the Program and the clinical affiliates in order to keep radiation exposure to myself and my unborn child at a minimum.

I understand that I have the right to revoke this declaration at any time during the pregnancy and that the revocation must be in writing.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Witness: \_\_\_\_\_ Date: \_\_\_\_\_

Program Director: \_\_\_\_\_ Date: \_\_\_\_\_