

IUFW Medical Imaging and Radiologic Sciences
Declaration of Pregnancy for Student Technologists

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 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 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: _____

