AADMRT ONLINE
Limited Permit X-Ray Technician Program

ACKNOWLEDGMENT OF RADIATION RISK DURING PREGNANCY

OPTION 1

I acknowledge that I have received information from AADMRT about the risks of radiation exposure during my pregnancy. I have voluntarily declared my pregnancy and hereby choose to *continue with the program without any modifications* in my assignments that would lower my radiation exposure. I agree to abide by all of the safety guidelines and I understand that the 0.5 rem (5,000 microsievert) exposure limit is a precaution and I agree to wear a second dosimetry badge for monitoring purposes.

I hereby release AADMRT Online of any responsibility of any adverse effects upon my pregnancy that may be a result of of radiation exposure.

_____   _____
_____
Student Name (Print)   Student Signature   Date

_____   _____
_____
Program Director (Print)   Program Director Signature   Date

OPTION 2

I acknowledge that I have received information from AADMRT about the risks of radiation exposure during my pregnancy. I have voluntarily declared my pregnancy and hereby choose to *continue with the program with modifications* in my assignments that would lower my radiation exposure. I will comply with any changes adjustments to my assignments and agree to abide by all of the safety guidelines. I understand that the 0.5 rem (5,000 microsievert) exposure limit is a precaution and I agree to wear a second dosimetry badge for monitoring purposes. I understand that in the case that my exposure to radiation exceeds the 0.5 rem (5,000 microsievert) limit, I will have to mandatorily and temporarily withdraw from the program.

I hereby release AADMRT Online of any responsibility of any adverse effects upon my pregnancy that may be a result of of radiation exposure.

_____   _____   _____
Student Name (Print)   Student Signature   Date

_____   _____   _____
Program Director (Print)   Program Director Signature   Date

OPTION 3

I acknowledge that I have received information from AADMRT about the risks of radiation exposure during my pregnancy. I wish to _temporarily withdraw from the program_ during the duration of my pregnancy. I acknowledge that I may continue the program after the pregnancy and that I still must meet all graduation requirements.

_____   _____   _____
Student Name (Print)   Student Signature   Date

_____   _____   _____
Program Director (Print)   Program Director Signature   Date