



AADMRT ONLINE

Limited Permit X-Ray Technician Program

PREGNANCY POLICY AWARENESS

This agreement is to acknowledge that I am aware that AADMRT Online has informed me that there is a Pregnancy Policy in the Student Handbook. I understand that I have the right to voluntarily inform or withhold any information regarding a pregnancy from the School and that I can receive information regarding the effects of radiation to the fetus. I acknowledge that additional information and forms will be made available to me if I were to become pregnant.

Student Signature: _____ Date: _____

Student Name (Printed): _____

School Official Signature: _____ Date: _____