



# AADMRT ONLINE

## Limited Permit X-Ray Technician Program

### VOLUNTARY DECLARATION OF PREGNANCY

I, \_\_\_\_\_, hereby declare that I am pregnant. This declaration authorizes AADMRT Online to monitor my dosimeter during the time of clinicals to ensure that I am not being overexposed to radiation. I understand that the maximum permissible dosage of radiation that I can be exposed to is 0.5 rem (5,000 microsieverts).

Student \_\_\_\_\_ Name \_\_\_\_\_ (Print):

SSN: \_\_\_\_\_ Expected Due Date:

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

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

Radiation Safety Officer

Signature:

\_\_\_\_\_

Date:

\_\_\_\_\_