

**Northwestern Memorial Hospital
School of Radiation Therapy
Student Voluntary Pregnancy Declaration Form**

Student Name: _____

Date of Declaration: _____

In accordance with the NRC regulations 10 CFR 20.128, I am voluntarily declaring that I am pregnant.

- My estimated date of conception is: _____
- My estimated date of delivery is: _____

In making this declaration, I understand that I will be provided with a fetal dosimeter to be worn during all clinical activities throughout the duration of my pregnancy. I understand that IEMA limits the dose to the embryo/fetus to 500 mrem (5 mSv) for the gestational period with a monthly limit of 50 mrem (0.5 mSv). I also understand that meeting the lower dose limit will require discontinuation of any clinical rotation activities until after delivery.

Furthermore, I understand that documentation must be obtained from my Obstetrician outlining duty restrictions (if applicable) including permission to continue with my program of study. This documentation shall be submitted at the same time as the declaration. I further understand that, at all times, the specific recommendations of my Obstetrician will be followed by the program in an effort to protect my health and the health of the embryo/fetus.

As outlined in the Pregnancy and Voluntary disclosure policy, educational options include, but are not limited to the following (select one):

1. Continue both the didactic and clinical portions of the program without modification.
2. Continue with the didactic and clinical education portions of the program but with an altered clinical rotation scheduled to ensure the lowest possible radiation dose to the developing fetus.
3. Continue with the didactic portion of the program and take a clinical leave-of-absence, with continuation of the clinical portion of the program following delivery and medical clearance.
4. Other (specify):

I have read the radiation therapy program's policy on pregnancy and will abide by all rules and regulations presented in this policy. I understand that I may withdraw my declaration at any time and for any reason prior to the end of my pregnancy.

Student Signature: _____

SSN: _____

Acknowledgement of Receipt of Declaration

Program Director Signature: _____

Date of receipt: _____

*Note: The student will receive a copy of this declaration once all signatures are obtained. The original will be maintained in the student's administrative file.

**Northwestern Memorial Hospital
School of Radiation Therapy
Student Withdrawal of Pregnancy Declaration Form**

Student name: _____ Date of withdrawal: _____

In accordance with the NRC regulations 10 CFR 20.128, I wish to withdraw my initial disclosure of pregnancy.

- The date of my initial disclosure was: _____

In making this withdrawal, I understand that the lower radiation dose limit for the embryo/fetus will no longer apply and that the additional fetal dosimeter will no longer be utilized.

If pregnant and voluntarily withdrawing my declaration of pregnancy, I hereby release the radiation therapy program and clinical rotation facilities of any responsibility for embryo/fetal exposure.

Student signature: _____

Social Security Number: _____

Acknowledgement of Receipt of Declaration Withdrawal

Program Director signature: _____

Date of receipt: _____

Note: The student will receive a copy of this declaration once all signatures are obtained. The original will be maintained in the student's administrative file.