

## PREGNANCY POLICY

Any student, who is pregnant or becomes pregnant while enrolled in the Radiologic Technology Program, should, but is not required to, declare her pregnancy in writing to the Program Director and provide the appropriate documentation from her physician.

Upon declaration of pregnancy, the student will be scheduled for a meeting to acquaint the student with potential hazards of radiation to the fetus, the protective practices which should be utilized and the monitoring procedures employed.

After declaration of pregnancy, the student has the following options:

(Please see Selection of Alternatives Pregnancy Form)

1. Withdraw from the program. The student has the right to re-enter the program following the procedures described in the handbook.
2. Continue in the Radiologic Technology Program without any modifications in her clinical education schedule.
3. Continue in the Radiologic Technology Program with modifications in her clinical education schedule.

If the student elects to remain in the program, she must do the following:

1. Consult with her physician and obtain written permission to continue in the program and provide this documentation to the Program Director.
2. Read and sign the Selection of Alternatives Pregnancy Form and the Pregnancy Release Agreement.

The student may withdraw the declaration of pregnancy in writing at any time. Following receipt of the withdrawal, the student is no longer considered pregnant.

Neither Eastern Gateway Community College nor the student's assigned Clinical Education Site will be responsible for radiation injury to the student or the embryo/fetus if the student chooses to continue in the program during pregnancy.

## PREGNANCY RELEASE AGREEMENT

1. Consult with your physician and obtain written permission to continue in the radiology program and provide this documentation to the Program Director.
2. Exercise good judgement in protection from radiation exposure by using devices provided by the Radiology Department. In the event that the student's film badge reports show that she has actually accumulated a dose limit exceeding the limit of 5 mSv (500 mrem, 0.5 rem) the student should not continue in any clinical education courses for the remaining duration of her pregnancy.
3. Review radiation safety practices, dosimetry policies, embryo-fetus exposures, and the U.S. Nuclear Regulatory Commission Regulatory Guide with the Program Director.
4. Acknowledge and accept payment for the fetal badge.
5. Fulfill specified clinical and academic requirements as scheduled.
6. Fulfilling any missed assignments, tests, proficiencies, etc. in the event that the student is no longer able to maintain full time status as determined and documented by the student's physician.
7. Returning to full time status six weeks following delivery unless contraindicated in writing by the student's physician.

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Student Signature

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Date

## PREGNANCY FORM

### Selection of Alternatives

I the undersigned do hereby acknowledge that I have been counseled regarding the possible health risks to my unborn fetus and my option to either withdraw or continue in the program in full accordance with the Radiologic Technology written Pregnancy Policy.

Below, I have indicated the option I choose to select:

- \_\_\_\_\_ 1. I elect to withdraw from the Radiologic Technology Program in order to protect my unborn fetus from any unnecessary radiation exposure.

\_\_\_\_\_  
Signature (Female Student)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature (Program Director)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature (Clinical Coordinator)

\_\_\_\_\_  
Date

- \_\_\_\_\_ 2. I elect to continue in the Radiologic Technology Program and do so at my own risk without any modification in my clinical education schedule. I have been advised of the possible radiation dangers during my pregnancy. I have been informed that the equivalent dose limit for the fetus is 500 mrem for the pregnancy period.

\_\_\_\_\_  
Signature (Female Student)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature (Program Director)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature (Clinical Coordinator)

\_\_\_\_\_  
Date

- \_\_\_\_\_ 3. I elect to continue in the Radiologic Technology Program but request a modification in my clinical education schedule. I have been advised of the possible radiation dangers during my pregnancy and remain in the program at my own risk. I have been informed that the equivalent dose limit for the fetus is 500 mrem for the pregnancy period. I understand that all missed clinical rotations must be made-up.

\_\_\_\_\_  
Signature (Female Student)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature (Program Director)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature (Clinical Coordinator)

\_\_\_\_\_  
Date