



Pregnancy Status Declaration Form (Paediatric)

Patient Name							
DOB	/_	/	Procedure				
MRN			Date		//		
1. To be completed by the Parent/Guardian of a patient undergoing a low or high fetal dose procedure							
Explanation of the risks associated with this procedure							
We are legally obliged to establish your child's pregnancy status in advance of this procedure. Radiation exposure of an unborn child may slightly increase the risk of childhood cancer. It is very important that you inform staff performing the procedure if there is any possibility your child is pregnant							
Has your child begun menstruating? If No, please proceed to the end of the form and sign			Yes[]		No []		
Is there any possibility your child may be pregnant?			Yes[]	No []	Don't Know []		
If pregnant, how r	many weeks?						
The first day of your child's last menstrual period was:							
2. Parent/Guard	ian Signature						
3. Staff Member	Signature						

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