



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 many weeks?				
The first day of your child's last menstrual period was:	___/___/___			

2. Parent/Guardian Signature

3. Staff Member Signature