

AULTMAN COLLEGE PREGNANCY DECLARATION & AGREEMENT
(For all programs except Associate of Science in Radiography [ASR])

I, _____, voluntarily declare by means of this written notice to the program director of the program in which I am enrolled that I am pregnant, and the anticipated due date is _____.

All Students:

I am aware of the physical risks associated with participating in an educational program that includes significant clinical and/or laboratory components.

I will work with the program director and academic advisor to determine which option for program modification, as outlined in the college pregnancy policy, I will elect to follow during the pregnancy. The options are as follows:

- Continuing the educational program without modification or interruption.
- Discussing with the program director whether reasonable program modifications or adjustments are appropriate and feasible.
- Voluntarily withdrawing from the program.
 - Meeting with program director and academic advisor to evaluate a possible re-entrance timeframe.
- Written withdrawal of declaration.

I understand that my education as a student at Aultman College may put me at risk and therefore agree to hold harmless Aultman College, the college's programs, and/or any clinical affiliate for any injury that may result because of my participation in an educational program during my pregnancy. I understand that it is my responsibility to comply with all safety rules and essential functions established by the college, programs, and clinical affiliates to minimize risks to me and my unborn child.

I understand that I have the right to revoke this declaration at any time during the pregnancy and that the revocation must be in writing.

Student's Signature _____

Date _____

Witness's Signature _____

Date _____

Program Director's Signature _____

Clinical Coordinator's Signature (if applicable)
