



Submit this form with your application to:
Red River College
Enrolment Services
D105 – 2055 Notre Dame Avenue
Winnipeg, MB R3H 0J9

Ultrasound – Diagnostic Medical Sonography Program Release and Waiver for Ultrasound Scanning Form

Students in the Ultrasound – Diagnostic Medical Sonography program are required to perform ultrasound examinations of the abdomen, pelvis, and vascular system on other students and to allow other students to perform these same examinations on them during laboratory sessions. Students will not perform intracavitary or obstetrical scans on each other.

Abnormal findings are occasionally discovered. Students will be informed of any abnormal findings and advised to contact their physician for any necessary follow-up examinations. Students who become aware of any abnormal findings in a fellow student must respect patient confidentiality.

The American Institute of Ultrasound in Medicine (AIUM) Safety Statement for Training and Research of March 1997 states:

“Although no hazard has been identified that would preclude the prudent and conservative use of diagnostic ultrasound in education and research, experience from normal diagnostic practice may or may not be relevant to extended exposure times and altered exposure conditions. It is therefore considered appropriate to make the following recommendation:

In those special situations in which examinations are to be carried out for purposes other than direct medical benefit to the individual being examined, the subject should be informed of the anticipated exposure conditions, and of how these compare with normal diagnostic practice.”

Applicant Declaration

I have read the above safety statement and consent to being scanned by other students as required within the laboratory portion of the program. I understand that Red River College and/or practicum partners are not responsible for any unforeseen events that may occur.

I understand that failure to complete and submit this form will result in the cancellation of my application with no refund of my application fee.

Name (please print) _____ Signature _____ Date _____

Comments: