

**STATEMENT OF UNDERSTANDING
PREGNANCY**

I, _____, understand that as a female member of the New York State Organized Militia (NYARNG, NYANG, NYNM, NYG), I will undergo a mandatory pregnancy screen test administered by a certified medical provider at the expense of the State of New York prior to being activated to long term (i.e. 90 days) State Active Duty. If I refuse to take the test, I will not be able to be placed on State Active Duty. I also understand that if I am pregnant or become pregnant while on State Active Duty, I will not be entitled to any civilian health care provided by the State of New York unless it is related to a State Active Duty illness or injury. I understand that if I become pregnant while on State Active Duty, I will be allowed to perform duties within the limits of my profile until the expiration of my orders. I understand that I will be released from State Active Duty upon the completion of my orders and will not be entitled to any civilian health care provided by the State of New York.

Signature _____ Witness' Signature _____

Name _____ Witness' Name _____

SSN _____ Witness' SSN _____

Time/Date _____ Time/Date Witnessed _____

Grade/Rank _____

Unit _____