



PREGNANCY/CHILDBIRTH AND HEALTH-RELATED DOCUMENTATION

(To be completed by a qualified medical doctor or specialist)

Student Name: _____

(Please type or print neatly / use a separate paper if needed)

1. What is the diagnosis? (Pregnancy, adoption, miscarriage, complications, etc.) _____

2. When is the approximate due date? _____
3. When was your last contact with the above named student? _____

4. If there are medical or health concerns, please provide a description of your patient's medical condition or symptoms.

5. Provide a description of the student's functional limitations as a result of this pregnancy, and how they might impact on this student's academic activities. Please provide an estimate for length of time student will need adjustments to their academic courseload.

Professional's Signature: _____ **License #:** _____

Print or type name and title: _____

Address: _____

Phone: _____ **Date:** _____