



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. Please provide an estimate for length of time student will need adjustments to their academic course load. _____
4. When was your last contact with the above named student? _____

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

6. 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.

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

Print or type name and title: _____

Address: _____

Phone: _____ **Date:** _____