



Pregnancy & Parenting Health-Related Documentation

(This document is to be completed by a qualified medical doctor or specialist)

Student Information

First Middle Last

Program Student ID Number

Medical Information (This section is to be complete by a qualified medical doctor or specialist)

1. What is the diagnosis (pregnancy, adoption, miscarriage, complications or other medical needs)?

2. When was your last contact with the above named student? _____
3. When is the anticipated due date? _____
4. Provide an estimated length of time the student will need adjustment(s) to their academic course work.

5. Provide a description of the student's functional limitations as a result of the diagnosis identified in question 1, and how stated limitations might impact the student's academic activities.

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

Professional's Signature License Number

Please Print (or type) Name & Title

Address Phone Date