

PREGNANCY/CHILDBIRTH AND HEALTH-RELATED DOCUMENTATION

*The purpose of this medical form is to provide information to support LU academic accommodations due to restrictions/limitations resulting from a pregnancy or birth of a child under Title IX.
(To be completed by a qualified medical doctor or specialist)*

Student Name: _____

1. **When is the approximate due date?** _____

2. **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 her academic course load.**

3. **If the student is taking online classes, are there any limitations/restrictions impacting her ability to continue to work on her course work (such as completing assignments/projects/tests by assigned class deadlines) from home during leave time? Yes ___ No ___**

If yes, please explain.

4. **What is the recommended leave time as a result of the pregnancy and/or childbirth for the student to remain engaged in classwork and make progress toward the completion of their degree?**

5. **During leave time, is the student able to attend class or a clinical/practicum site? Yes ___ No ___**

If yes, are there any limitations/restrictions to attending the class/clinical/practicum?

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

Print or type name and title: _____

Address: _____

Phone: _____ **Date:** _____