



2740 West Mason St, Green Bay, WI 54303 | 920-498-5444 | 1-800-422-NWTC | www.nwtc.edu

PREGNANCY/CHILDBIRTH AND HEALTH-RELATED DOCUMENTATION

The purpose of this medical form is to provide information to support NWTC 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 courseload.**

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:** _____