



Pregnancy Accommodation Request Form for Healthcare Providers

To be completed by a licensed healthcare provider to support a student's request for pregnancy-related accommodations. Please fill out the following information as comprehensively as possible.

Student Information:

Student's Name: _____

Date of Birth: _____

University ID (if available): _____

Expected Delivery Date: _____

Healthcare Provider Information:

Provider's Name: _____

Medical Practice Name: _____

Phone Number: _____

Email Address: _____

Medical License Number: _____

Medical Information:

1. Expected Delivery or Procedure Date:

2. Description of Current Medical Condition

(Include any difficulties, symptoms, or limitations that may impact the student's ability to participate in academic activities):

3. Functional Limitations in an Educational Setting

(Please describe how the pregnancy and/or recovery is expected to impact the student's participation in academic activities):

4. Additional Factors Impacting Pregnancy/Recovery

(Include any complications, mental health considerations, or other factors that may impact the student's academic participation):

5. Recommended Accommodations

(Please check or specify recommended accommodations, and provide an explanation of how each accommodation will support the student's educational needs):

Additional Absences from Class (specify duration):

Extended Deadlines for Assignments:

Flexibility with Exam Dates:

Permission for Virtual Attendance (if applicable):

Frequent Breaks for Rest, Water, or Bathroom:

Other (please specify):

Explanation for accommodations:

6. Duration of Accommodations

(How long should these accommodations be in place?):

Provider's Statement

I certify that the information provided is accurate and complete to the best of my knowledge, and I recommend the above accommodations based on the student's current medical condition related to pregnancy or childbirth.

Provider's Signature: _____

Date: _____

Please return this form to:

Title IX Coordinator
Title IX Office
Email: contacttitleix@wssu.edu
Phone Number: 336-750-8758

Thank you for your attention to this matter.