



DOCUMENTATION OF PREGNANCY

TO BE COMPLETED BY HEALTHCARE PROVIDER

Instructions to Healthcare Provider:

Your patient has requested a pregnancy accommodation. Please answer completely all applicable parts of this form. Several questions seek a response as to the frequency or duration of the pregnancy, treatment, etc. Your responses should be your best estimate based upon your medical knowledge, experience, and examination of the patient. Please limit your responses to the pregnancy for which the employee or student is seeking the accommodation. Please be sure to sign the form on the last page.

Please return this completed document via fax to:

Kent State University
Division of Student Affairs
Office of Gender Equity & Title IX
Kent Student Center – Suite 250
Kent, Ohio 44242-0001
Fax: 330-672-2600

KENT STATE UNIVERSITY
Office of Gender Equity & Title IX

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Please type or print legibly.

Patient Name: _____

Healthcare Provider Name and Title: _____

Healthcare Provider Practice Type: _____

Healthcare Provider Address: _____

Healthcare Provider Phone # and Fax #: _____

Please describe the pregnancy conditions for which an accommodation is requested.

Please indicate the start date and end date for which the requested accommodation is needed.

Please review the job description or class schedule provided and identify whether the patient is likely to have difficulty performing any tasks due to their pregnancy.

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Are you aware of any accommodations that may enable this patient to effectively perform the essential functions of their role as a student or employee? If so, please describe your suggestions.

Is this request related to a chronic medical disability that interferes with a major life function as the result of the pregnancy?

I affirm the above-mentioned patient has been evaluated for the pregnancy, and the information provided in this form is true and accurate to the best of my knowledge

Healthcare Provider Signature

Date

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The Office of Gender Equity & Title IX may contact you for additional information with the requesting employee or student's permission.