

Fresno Pacific University Medical Certification Form

Modifications (Supportive Measures) or Leave for Pregnancy,
Childbirth, and Pregnancy Related Conditions

Student Name: _____ **Date:** _____

I. Please identify the student's limitations or need(s).

This can be any physical or mental condition, impediment or problem, such as needing to rest or alleviate pain. It can also be for maintaining the health of the student or their pregnancy (if applicable), such as obtaining healthcare or avoiding risks. You are not required to provide a specific diagnosis.

II. Is the limitation or need related to pregnancy or pregnancy-related condition(s)?

This may include pregnancy, childbirth, termination of pregnancy, or lactation—as well as related medical conditions and recovery. Examples include pregnancy-related fatigue, dehydration (or need for increased water intake), increased body temperature, anemia; morning sickness or hyperemesis gravidarum; gestational diabetes; preeclampsia; pregnancy-induced hypertension; infertility; ectopic pregnancy; mastitis; and prenatal or postpartum depression.

☐ No ☐ Yes

III. Do you recommend any particular modifications or leave/absences to address the need or limitation(s)? (You may, but are not required to suggest a specific accommodation or leave term.)

This may include, but is not limited to: (1) breaks during class to express breast milk, breast feeding, or attend to health needs associated with Pregnancy or Pregnancy Related Conditions, including eating, drinking, or using the restroom; (2) change of clothing; (3) avoiding certain chemicals or exposures; (4) intermittent Absences to attend medical appointments; (5) access to online education; (5) changes in schedule or coursework; (6) rescheduling tests and examinations; (7) ability to sit or stand, or carry or keep water nearby; (8) counseling; (9) changes in

physical space or supplies (for example, access to a larger desk or a footrest; (10) elevator access; or (11) Other changes to policies, practices or procedures.

☐ No ☐ Yes (please specify below) ☐ In part (please specify below)

IV. If you are recommending leave, is the time off medically necessary to support the student's health or treatment plan? Under Title IX, healthcare providers have full discretion to determine whether time off is medically necessary. There is no severity/harm standard.

☐ No ☐ Yes ☐ In part (please specify)

Certifying Health Care Provider Information:

Provider Name (Please Print)

Provider Signature

Date