COLLIN COLLEGE

ACCESS Office
Pregnancy and/or Pregnancy-Related Condition(s)
Excused Absence Healthcare Provider's Certification Form

This form should be completed by the student's healthcare provider when a student needs to take an excused absence due to pregnancy and/or a pregnancy-related condition(s), including, but not limited to, childbirth, for **longer** than three (3) class days.

The completed form should be returned to the ACCESS Office via email to access@collin.edu, and must be on file prior to the student taking the excused absence, except in the case of an emergency (e.g., pre-term delivery, difficult delivery resulting in complications that require hospitalization of the student and/or baby, emergency Cesarian section, healthcare provider-mandated bed rest and/or hospitalization). If you have any questions or concerns regarding this form, contact the student's assigned ACCESS advisor.

Date: _____

Student's Name: _____

Student's DOB: _____

_____ Was Seen in My Office Today

_____ Is Released to Return to School on: _____ (Date)

_____ Is Unable to Return to School until _____ (Date), Due to Being on:

- ☐ **Maternity Leave**
- ☐ **Mandated Bedrest**
- ☐ **Other: _____**

Which Started on _____ (Date)

_____ Is Pregnant With a Due Date of: _____ (Date)

_____ Has an Appointment Scheduled on: _____ (Date)

_____ Has the Following Pregnancy-Related Restrictions: _____

Healthcare Provider's Printed Name: _____

Healthcare Provider's Signature: _____ Date: _____