

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dear Health Care Provider:

Please provide the following information to confirm pregnancy for \_\_\_\_\_Name of Student\_\_\_\_:

* Date of Confirmation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Method of Confirmation:
	+ **URINE TEST** *(Circle One)* **In-Office Test** *-or-* **Home Pregnancy Test**
	+ **BLOOD TEST**
* Estimated Weeks Gestation (*from* LNMP): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Estimated Date of Delivery (EDC): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Current Health Status: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Activity Restrictions *(if any)*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

School Nurse Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Health Care Provider Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

This confirmation of pregnancy is a legal document and will be used to ensure that the student’s educational and reproductive rights are respected and honored. The confidential information contained in this document will be routed only to those health and educational professionals directly involved in the student’s care and education. California Educational Code (CDE), Title IX, FERPA, and HIPAA regulations are applicable.