

**Plaquemines Parish School Board  
SCHOOL NURSE DEPARTMENT**

**PHYSICIAN'S STATEMENT FOR PREGNANT STUDENTS**

To be in compliance with the Plaquemines Parish School Board's policy regarding pregnant students, and to ensure the maximum health care in the school setting, we ask the following information be obtained from the expectant mother's physician. The physician's approval of continued attendance must be on file at the school.

Student's Name: \_\_\_\_\_

Diagnosis: \_\_\_\_\_

Expected Date of Delivery: \_\_\_\_\_

Please state your professional opinion regarding this student's continued school attendance:

Please list any restrictions related to a routine school day.

Should this student participate in contact sports during her pregnancy?

Comments:

\_\_\_\_\_  
Name of Doctor (Please print)

\_\_\_\_\_  
Signature of Doctor

Doctor's Telephone: \_\_\_\_\_

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