NURSING PROGRAM
REPORT OF MEDICAL EXAMINATION DURING PREGNANCY

This form must be completed and returned to the Nursing Office prior to the start or the continuation of clinical experiences.

Student Name: _____Student Yuba College Email: _____

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Practitioners' exam comments and findings

Expected Date of Delivery: _____

Practitioners Comments:

The above-named may safely participate in the nursing program without restrictions through _____.
This student can attend college and actively participate in clinicals without any limitations.

Provider Printed Name/Title: _____

Provider Signature: _____ Date: _____

Provider Number: _____

Clinical Facility Name/Address: _____

Provider signing this form will indicate if there are any limitations to college and/or clinical participation (below):
_____
_____

I give permission to release information to the affiliating clinical facility. I have been counseled concerning the potential risk to the student and fetus. I release Yuba College from liability due to illness or injury that may occur during clinical experiences.

_____ _____
Student's Signature Date

_____ _____ _____ _____
Faculty Signature Meeting Date Faculty Signature Meeting Date

_____
Director of Health & Medical Career Programs & Nursing Signature and Date