



**YUBA COLLEGE  
VETERINARY TECHNOLOGY PROGRAM  
REPORT OF MEDICAL EXAMINATION DURING PREGNANCY**

This form must be completed and returned to the Veterinary Technology Program Office prior to the start or the continuation of clinical/internship/teaching experiences.

NAME: \_\_\_\_\_ STUDENT NUMBER: \_\_\_\_\_

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EXAMINATION COMMENTS AND FINDINGS:

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

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The above named may safely participate in the Veterinary Technology Program without restrictions through \_\_\_\_\_.  
Date

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Attending Physician's Signature

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Date

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Student's Signature

Date

I give permission to release information to affiliating clinical/internship facility. I have been counseled concerning the potential risk to the student and fetus. I release Yuba College and the faculty and staff of the Veterinary Technology Program from liability due to illness or injury that may occur during clinical/internship/teaching experiences.