

**CHICAGO PUBLIC SCHOOLS**

**HEALTH MONITORING/EMERGENCY RECORD FOR PREGNANT STUDENTS**

(Last Name)	(First)	(Middle)	(BD)	(ID Number)
Home Address		Zip Code	Other Town	
Father's Name		Mother's Name	Telephone	
School		Grade	Non-Attending	
In case of emergency contact:				
NAME _____			PHONE _____	
Address _____			Relationship to student _____	

**PHYSICIAN'S REPORT**

LMP \_\_\_\_\_ EDC \_\_\_\_\_ Gravida \_\_\_\_\_ Para \_\_\_\_\_ Gestation \_\_\_\_\_ mos/wks \_\_\_\_\_

First appointment \_\_\_\_\_ Frequency of appointments \_\_\_\_\_

Is student able to continue in a regular school program? \_\_\_\_\_

List restrictions (if any) \_\_\_\_\_

Can this student participate in physical education, swimming or driver's education (behind the wheel)?  
Explain \_\_\_\_\_

List student's chronic health problems (asthma, sickle cell anemia, seizures, diabetes, etc.)  
\_\_\_\_\_

Is this student taking medication other than routine vitamin and iron supplements? If yes, please list  
\_\_\_\_\_

Date student is expected to begin maternity leave \_\_\_\_\_

Expected place of delivery \_\_\_\_\_

Additional comments/concerns \_\_\_\_\_

**Physician's Name** \_\_\_\_\_ **Hospital Affiliation** \_\_\_\_\_  
(Please print or type)

**Address** \_\_\_\_\_ **Telephone #** \_\_\_\_\_ **Fax#** \_\_\_\_\_

**Physician's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_