

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** _____