

CSUMB STUDENT DISABILITY AND ACCESSIBILITY CENTER (SDAC)
Health & Wellness Services (Bldg. 80)
100 Campus Center, Seaside, California 93955-8001
Phone 831.582.3672 | Fax 831.582.4024 | TTY 831.582.5307
Email: sdac@csumb.edu
URL: <https://csumb.edu/sdac>

Expectant Parent/ Childbirth Healthcare Form

Please fill out and return this form to SDAC at the above address.
Please be assured that the information provided below will be used in confidence for the educational benefit of the student at California State University, Monterey Bay.

TO BE COMPLETED BY THE STUDENT

Student Name: _____ Phone Number: _____

Address: _____
Street City State Zip Code

Email: _____ Student ID#: _____

Student Signature for release of medical information to SDAC: _____

To be completed by licensed healthcare treating provider:

Estimated date of start of leave: _____

Estimated amount of time student will need to be out of school due to issue (please update if this changes): _____

Is this leave due to self or care of other? _____

Any complications or limitations at this time? (bed rest, testing blood sugar throughout day, foot elevation, requirement to not sit or stand for particular amounts of time, etc.):

If any additional complications or limitations develop throughout pregnancy, please provide documentation so that we may accommodate as soon as possible.

Any additional comments: _____

Signature of Professional _____ Date: _____

Name (Printed) _____ License #: _____

Title/Specialty: _____

Company: _____

Address: _____

Street City State Zip Code

Phone: _____