

Title IX Supporting Documentation Form

Student Modifications or Leave for Pregnancy and Related Conditions

Student Name:

Date:

Please identify the student's limitations or need(s). This can be any physical or mental condition, impediment or problem, such as needing to rest or alleviate pain. It can also be for maintaining the health of the student or their pregnancy (if applicable), such as obtaining healthcare or avoiding risks. You are not required to provide a specific diagnosis.

Is the limitation or need related to pregnancy or related condition(s)?

☐ Yes ☐ No

This may include pregnancy, childbirth, termination of pregnancy, or lactation—as well as related medical conditions and recovery.

Do you recommend any specific modifications or leave/absences to address the need or limitation? You may, but are not required to, suggest specific accommodation or leave term.

If you are recommending leave, is the time off medically necessary to support the student's health or treatment plan? Under Title IX, healthcare providers have full discretion to determine whether time off is medically necessary based on their professional judgement. There is no severity/harm standard.

☐ Yes ☐ No ☐ In part (please specify)

Certifying health care provider information

Provider Name and Title:

Provider Signature:

Date: