



Doctor of Physical Therapy Program

Authorization for Clinical Practicum and Laboratory Participation During Pregnancy

Student's Name: _____ 1st yr _____ 2nd yr _____ 3rd yr _____

Due Date _____

May student continue in activities listed below until estimated date of confinement? (yes/no)

Classroom _____ Lab _____ Field Work _____ Full Time Clinical Experience _____

(Responsibilities which require physical effort: lab and full time clinical experiences)

If student cannot continue activities until confinement, when should she be placed on leave and for which activities?

When may she return to activities? _____

Any additional restrictions during pregnancy? _____

Physician's Signature _____

Date _____

Print Physician Name _____

Physician's Address _____

Physician's Phone _____

Policy:

When a pregnancy has been verified, the student should immediately notify the Physical Therapy Program Director and the Academic Coordinator of Clinical Education. Approval to continue study during pregnancy must be requested and authorization will not be granted until the student's physician has attested to the fact that it is safe for the student to carry out her educational responsibilities. The physician should also state the estimated due date and how long before delivery the student may continue her education.

Continuance of education is with the understanding that the student will finish any semester which is started. It is also understood that the student exonerates the Physical Therapy Program, College, the University, and the clinical site from any responsibility for complications or accidents due to pregnancy.

I am aware of the risks of my continued participation in the Clinical Practicum and Laboratory program during my pregnancy. In consideration of being allowed by Angelo State University to continue to participate in the program, I (for myself, my heirs, executors, and administrators) release, discharge, and agree to indemnify the Board of Regents, Texas Tech University System, Angelo State University and all of their agents and employees from any claims, personal injury, or damage due in whole or in part to pregnancy.

I understand and agree with the conditions set forth in this policy.

Student _____

Date _____

Program Director _____

Date _____