

**Authorization for Clinical Practicum and Laboratory Participation During Pregnancy**

Student's Name: \_\_\_\_\_ 1<sup>st</sup> yr \_\_\_\_\_ 2<sup>nd</sup> yr \_\_\_\_\_ 3<sup>rd</sup> 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 Department Head 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 Department of Physical Therapy, College of Sciences, 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 State 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 \_\_\_\_\_