

Rowan-Cabarrus Community College
Pregnancy & Childbirth Accommodation – Medical Documentation Form

Students requesting accommodation related to pregnancy or childbirth must provide the following information to the Title IX Coordinator. Students may request adjustments to accommodations as needed. A request for changes must include supporting documentation from a licensed medical provider.

Student Information			
Student First Name:		Student Last Name:	
Student ID Number:		Academic Program:	
Request Date:		Semester and Year:	
Medical Practitioner Information			
First Name:		Last Name:	
Medical Practice Name :		Telephone Number:	
Address:		City/State/Zip	
Accommodation Request (check all that apply)			
Permission to eat/drink in class	Separate Table/Chair	Frequent Restroom Breaks	
Temporary Accessible Parking	No Lifting over _____ pounds	Frequent breaks to stand/walk	
Excused tardiness	No prolonged standing	Leave early	
Excused Absence: Beginning Date		Excused Absence: Return Date	
Other:			
Condition Description:			
Pregnancy	Childbirth	High Risk Pregnancy	Post-Partum
Required Signatures			
Student:			Date:
Medical Practitioner:			Date:
Title IX Administrator:			Date:

Please return completed form to the Title IX Coordinator - Kathy Hall - kathy.hall@rccc.edu, 704-216-3468