

Manual: Admissions
 Policy Procedure

Section: Student Management Number: 013.0
 Title: Student Report of Medical Exam During Pregnancy

Originator: Beverly Heath, MSN, RN - Curriculum Committee Member <i>Beverly Heath</i> February 18, 2011 (signature) (Date)	
Curriculum Committee Member: <i>Beverly Heath</i> 4/12/11 (signature) (Date)	Date Approved: Full Faculty Meeting (2/18/11) Approval Date for Survey Votes (Quorum): 4/12/11
Current Content Expert: N/A (signature) (Date)	Nursing Director: Sheila Scroggins <i>Sheila Scroggins</i> 4/12/2011 (signature) (Date)
Effective Date: SPRING 2011	
<input checked="" type="checkbox"/> New <input type="checkbox"/> Reviewed (no changes) <input type="checkbox"/> Revised Replaces:	

- I. **Purpose:** To ensure a high level of wellness in order for Nursing students to meet the demands of the nursing curriculum and standards set by clinical agencies. Additionally, this policy will assist in protecting the safety of the clients, agency staff, and students.
- II. **Application:** Any student in the Nursing Program who becomes pregnant has the responsibility to contact the Director and Clinical Instructor as soon as possible. Discussion regarding health limitations will be divulged to ensure full participation.
- III. **Philosophy:** While the student's continuation in the nursing program during pregnancy is not discouraged, it is necessary that the Director of Nursing and Clinical Instructor be informed of the pregnancy as soon as possible. This will allow for proper documentation which will allow for compliance with agency and college policy.
- IV. **Policy:** Nursing students who have informed the Director and Clinical Instructor(s) of pregnancy, must submit a Report of Medical Exam During Pregnancy form to the Department of Nursing office (attached). This form includes exam findings and comments by the students' medical provider. Expected date of delivery, clearance without restrictions, and medical provider signature must be documented in order for student to be allowed to continue in the nursing program.



**NURSING PROGRAMS
REPORT OF MEDICAL EXAMINATION DURING PREGNANCY**

This form must be completed and returned to the Nursing Office prior to the start or the continuation of clinical experiences.

NAME: _____ STUDENT NUMBER: _____

EXAMINATION COMMENTS AND FINDINGS:

Expected Date of Delivery: _____

The above named may safely participate in the nursing program without restrictions through
_____ Date

Attending Physician's Signature

Date

Student's Signature

I give permission to release information to affiliating clinical facility. I have been counseled concerning the potential risk to the student and fetus. I release Yuba College from liability due to illness or injury that may occur during clinical experiences.