



**Title IX Documentation**  
To be completed by the diagnosing professional

**Student Name:** \_\_\_\_\_ **DOB:** \_\_\_\_\_

The purpose of this medical form is to provide information to support NTC academic accommodations due to restrictions/limitations resulting from a pregnancy or birth of a child under Title IX.

1. When is the expected due date of the pregnancy? \_\_\_\_\_
  
2. What is the recommended leave time as a result of the pregnancy and/or childbirth?  
\_\_\_\_\_
  
3. Does the student have any limitations/restrictions as a result of pregnancy/childbirth?  
Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, please describe the specific functional limitations/restrictions and how they might impact the student's academic activities.
  
  
4. If a student is taking online classes, are there any limitations/restrictions impacting her ability to continue to work on her course work (such as completing assignments/projects/tests by assigned class deadlines) from home during leave time? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please explain.
  
  
5. During leave time, is the student able to attend class or a clinical/practicum site?  
Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, are there any limitations/restrictions to attending the class, clinical, or practicum?

Provider's Name: \_\_\_\_\_ Title: \_\_\_\_\_

Provider's Signature: \_\_\_\_\_ License #: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip

Phone: \_\_\_\_\_ Date: \_\_\_\_\_

Please complete and fax/mail all supporting documentation to:  
Northcentral Technical College  
Attn: Lindsey Zakrzewski, Accommodations Services Manager  
1000 W. Campus Dr., Wausau, WI 54401  
Fax: 715.301.2469