



OFFICE OF EQUITY AND COMPLIANCE

PREGNANCY MODIFICATION MEDICAL VERIFICATION FORM

This form must be completed by and signed by a licensed healthcare professional. Equity and Compliance will assist with reasonable modifications as it relates to the following (but not limited to) pregnancy-related conditions:

- Pregnancy
- Childbirth
- False pregnancy
- Miscarriage
- Termination of pregnancy
- Conditions arising in connection with pregnancy
- Recovery from any of the above conditions

Student Name:

Diagnosis(es):

Onset of Condition(s):

Date of last visit for Condition(s):

Due Date:

Treatment Plan, if applicable: _____

Medically Necessary Modifications (Please note: Under Title IX, the university can only provide reasonable modifications that are **MEDICALLY NECESSARY** with supporting information):

Anticipated duration of need for modification: _____

Name of Treating Healthcare Professional:

Specialty:

License # and state:

Address:

Phone number:

Signature: _____

Date: _____

Contact Mercer Universities Office of Equity and Compliance with any questions via phone at: (478) 301-2788. All information provided to the Office of Equity and Compliance is kept confidential in accordance with the Family Education Rights and Privacy Act (FERPA). This form must be returned via secure online submission at: <https://cm.maxient.com/v2/IRLayouts.php?layoutToEdit=22> or emailed as an attachment to [Lowell le@mercer.edu](mailto:Lowell_le@mercer.edu)- Lauren Lowell, Assistant Director of Title IX