

**Staff Maternity Leave**  
(Physician's Statement Pregnancy)

This is to notify the Trinidad School District that \_\_\_\_\_  
(Patient's Name)  
is pregnant. The approximate date of delivery is \_\_\_\_\_,  
and it is my opinion that if the pregnancy is normal, \_\_\_\_\_  
(Patient's Name)  
will not physically be able to work \_\_\_\_\_(No.) of days prior to delivery and  
\_\_\_\_\_ (No.) of days following delivery. These figures should not take  
into consideration bonding, etc., but should only consider the temporary physical  
disability caused by or contributed to by her pregnancy.

\_\_\_\_\_  
Physician's name

\_\_\_\_\_  
Physician's signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Physician's address

\_\_\_\_\_  
Physician's phone number

\_\_\_\_\_  
Patient's signature

