

**E**DU**S**ER**C**OM**MISSION** OF **N**EW **J**ER**S**EY

MEDICAL DOCUMENTATION CONFIRMING PREGNANCY

To Whom It May Concern:

\_\_\_\_\_ is under my prenatal care.  
(Patient's Name)

She is now \_\_\_\_\_ weeks pregnant. Her Estimated due date is \_\_\_\_\_.

She may continue to work without restrictions until \_\_\_\_\_.  
(Last Anticipated Day of Work)

\_\_\_\_\_  
Doctor's Signature

\_\_\_\_\_  
Doctor's Name (Printed)

\_\_\_\_\_  
Address

\_\_\_\_\_  
Phone Number