

**Community College of Philadelphia**  
**MLT and Phlebotomy Programs**  
**Pregnancy Release Form and Documentation of Pregnancy**

**I. Pregnancy Release form: To be completed by female students annually.**

A pregnant student in the MLT or phlebotomy program is required to make her condition known to the head of the program and her clinical instructor and to submit appropriate documentation from her attending physician or health care provider. As a result of learning activities, students may be exposed to risk factors such as but not limited to communicable diseases, strenuous activity, toxic substances and radiation. Neither the Community College of Philadelphia nor its affiliating clinical agencies assume responsibility for any harm that might occur to a fetus or a pregnant student.

My signature below indicates that I have read and I understand the Pregnancy Release Form.

Student Signature: \_\_\_\_\_

Date: \_\_\_\_\_ J# \_\_\_\_\_

**II. Documentation of Pregnancy: To be completed at the time when a female student learns that she is pregnant.**

\_\_\_\_\_ is \_\_\_\_\_ months pregnant and currently under my care. She may continue to participate in the laboratory and clinical experience to meet the objectives of the MLT or phlebotomy courses.\*

\_\_\_\_\_ Date \_\_\_\_\_ Signature \_\_\_\_\_

\_\_\_\_\_  
**Print Name and Title**

Address \_\_\_\_\_

City , State Zip Code \_\_\_\_\_

Telephone: \_\_\_\_\_

e-mail: \_\_\_\_\_

**\*The student can provide a copy of the course objectives.**