To Dr	
My employer, Irvine Unified School District, needs ce regarding work limits for pregnant employees. Thes may not work beyond the date specified by her physician by wr information requested below.	e regulations provide that a pregnant employee ician and may not return to work from maternity
Print patient name	
Signature of patier	nt
Address	
Notice of pregnancy should be given to Human Resource TO BE COMPLETED BY THE DOCTOR:	
Expected date of delivery	
To safeguard her general health, this employee should	cease work on or before
Additional comments or work limitations	
Doctor's Signature	Date
Address	