

**McLAREN MEDICAL GROUP
OB/GYN CENTERS**

OFFICE STAMP

PREGNANCY RESTRICTIONS

Patient Name: _____ Date: _____

To Whom It May Concern:

The above named person is a patient at my practice and is under my care for pregnancy. As a pregnant patient, she may continue to work with certain restrictions.

She must receive one 15 minute break for every two hours worked and one 30 minute break for every eight hours worked.

She may not lift, push or pull anything over 15 pounds. She should avoid excessive bending, stretching, and especially, climbing. She must work in a well ventilated area and must not be exposed to noxious fumes.

Additional comments, if applicable:

If you have any questions, please call my office at _____.

Sincerely,

PATIENT
NAME:

DATE OF
BIRTH: