




Crystal Lake Elementary District 47

300 Commerce Dr., Crystal Lake, IL 60014 (815) 788-5000

www.d47.org  /D47schools  @crystallakesd47

CRYSTAL LAKE ELEMENTARY DISTRICT 47 PREGNACY FORM

NAME: _____

DATE OF BIRTH: _____

BUILDING: _____

I, _____, certify that the above named individual is being monitored during pregnancy and does not need to have a fasting Wellness Screening.

PHYSICIAN'S SIGNATURE _____

DATE _____