PREGNANCY STATUS - ACTIVE DUTY NAVY PERSONNEL

Date: _____

Naval Health Clinic Corpus Christi, Texas

_____

Patient's Name/Rank/Rate Unit Telephone No.

Your HCG on _____ was positive and

it has been determined by _____, staff physician at this clinic that you are pregnant. Since maternity care is not provided by the Naval Health Clinic Corpus Christi, you are authorized prenatal outpatient care, hospitalization for delivery at term and the sixth week postpartum checkup from civilian sources.

This Pregnancy Status form and the Physician's Statement form should be used for the duration of your pregnancy, including the delivery and sixth week postpartum checkup. If medical care beyond the six weeks following delivery is needed, arrangements for this care will be made by your Primary Care Manager (PCM).

Take the Occupational Exposures form, NAVMED 6260/8, to your supervisor and request that your Supervisor complete and sign the Supervisor's Statement. When completed, take the form to the Occupational Medicine Department for counseling.

Take a copy of the Physician's Statement form to your OB visits and have your doctor fill out for each visit including any recommendations to keep us informed of your condition. Return the form to the PCM immediately after your appointment or the following morning. If your PCM makes recommendations concerning your physical ability to perform your job, this will be communicated to your unit via a Light Duty or Sick in Quarters chit by the PCM.

Convalescent leave may be utilized during the postnatal period if recommended by your obstetrical physician and approved by your Commanding Officer. Before leaving the civilian hospital, have your OB physician complete and sign the Convalescent Leave Recommendation form, NHCCC 1050/2 (the period of convalescent leave is usually 42 days from date of discharge). Deliver this completed form with an approved leave chit to your respective Patient Administration Department who will process your leave.