



EDIT PDF

You can edit this PDF for free with Jotform.

Proof of Pregnancy

Patient's Name

Age

Phone Number

Date of Birth

Address

Email

Last Menstrual Period

Expected Delivery Date

Age of Gestation (Weeks)

Number of Fetuses

Mother's Medical Condition

Medical Condition of the Baby

I, _____, as a gynecologist, hereby confirm that _____ has been under my medical care and supervision for her pregnancy and affirm that the information stated above is true and correct. I have clinically confirmed that as of the date of this Proof of Pregnancy, the Patient is pregnant and her pregnancy has been stable. This statement is provided upon the patient's request to verify her pregnancy and I understand that any misrepresentation, false information, or misleading information can be charged with a criminal act punishable by law and subject to any civil penalties.

OB/Gyne

Signature

Date Signed

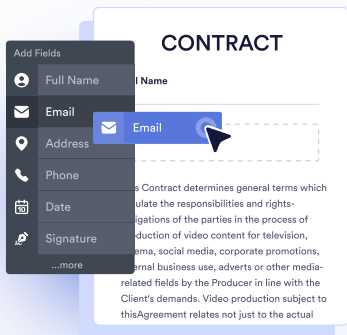
Hospital/Clinic Address

Thanks for using **Proof of Pregnancy Template!** To edit this PDF with **Jotform Sign**, sign up for a free Jotform account today.

[EDIT PDF](#)

Learn More About Jotform PDF Products

Jotform offers powerful PDF solutions. Check them out below.



JOTFORM PDF EDITOR

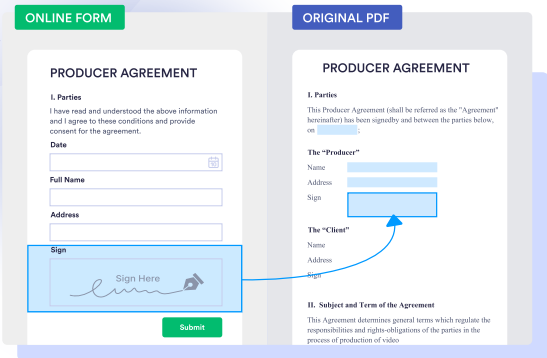
Turn form submissions into PDFs automatically — ready to download or save for your records.

[Go to PDF Editor >](#)

SMART PDF FORMS

Convert your PDF files into online forms that are easy to fill out on any device.

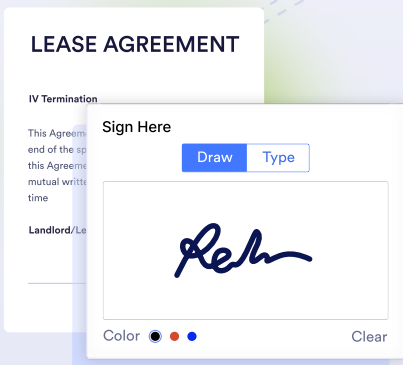
[Go to Smart PDF Forms >](#)



JOTFORM SIGN

Collect e-signatures with Jotform Sign to automate your signing process.

[Go to Jotform Sign >](#)



These templates are suggested forms only. If you're using a form as a contract, or to gather personal (or personal health) info, or for some other purpose with legal implications, we recommend that you do your homework to ensure you are complying with applicable laws and that you consult an attorney before relying on any particular form.