

**RANDY S. MORRIS M.D.**  
BOARD CERTIFIED REPRODUCTIVE ENDOCRINOLOGY  
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**Obstetric Certification for Gestational Carrier**

Name of proposed gestational carrier: \_\_\_\_\_

Date of birth: \_\_\_\_\_

I am a board certified physician in obstetrics and gynecology. I hereby confirm that I have reviewed this patient's obstetric and medical history and have performed a physical exam and obtained laboratory testing.

Date of exam: \_\_\_\_\_

Lab Test	Date	Result	Not eligible to be a carrier if...
Systolic blood pressure			$\geq 140$
Diastolic blood pressure			$\geq 90$
Body Mass Index			$\geq 30$
Hemoglobin A1c			$\geq 6.0$
TSH			$< 0.4$ or $> 4.5$
Vitamin D 25-OH			$< 30$

In my opinion, (please check the appropriate box)

- There are no contraindications for her to proceed with attempting pregnancy, carrying a gestation and having a delivery.
- I do not recommend that this individual become a gestational carrier

\_\_\_\_\_  
Signature of examining doctor

\_\_\_\_\_  
Date