

SCHEDULE

[^{F1}PART II

FORM OF CERTIFICATE

Textual Amendments

F1 Sch. Pt. II substituted (1.11.1991) by [The Social Security \(Miscellaneous Provisions\) Amendment Regulations 1991 \(S.I. 1991/2284\)](#), regs. 1, 24

MATERNITY CERTIFICATE

Please fill in this form in ink

Name of patient

Fill in this part if you are giving the certificate before the confinement.

Fill in this part if you are giving the certificate after the confinement.

Do not fill this in more [^{F2}than 20 weeks] before the week the baby is expected.

I certify that I attended you in connection with the birth which took place on/...../.....when you were delivered of a child [] children.

I certify that I examined you on the date given below. In my opinion you can expect to have your baby in the week that includes/...../.....

In my opinion your baby was expected in the week that includes/...../.....

Week means a period of 7 days starting on a Sunday and ending on a Saturday.

Date of examination/...../.....

Registered midwives

Date of signing/...../.....

Please give your [^{F3}NMC] Personal identification Number and the expiry date of your registration with the [^{F3}NMC] .

Signature:

Doctors

Please stamp your name and address here [^{F4}(unless the form has been stamped, in Wales, by the Local Health Board in whose medical performers list you are included or, in Scotland,][^{F5}by the Health Board in whose

Changes to legislation: There are currently no known outstanding effects for the The Statutory Maternity Pay (Medical Evidence) Regulations 1987, PART II. (See end of Document for details)

primary medical services performers list you are included)].

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