

Status: This is the original version (as it was originally made). This item of legislation is currently only available in its original format.

SCHEDULE 1

PART I

IN CONFIDENCE

SCHEDULE 1

Regulation 3(1)

Not to be destroyed within three years of the date of the operation

PART I

ABORTION ACT 1967
Certificate to be completed in relation to an abortion under Section 1(1) of the Act

I .....
(name and qualifications of practitioner : in Block Capitals)

of .....
(full address of practitioner)

Have/have not\* seen/examined\* the pregnant woman to whom this certificate relates at .....
(full address of place at which patient was seen or examined)

on .....
and I .....
(Name and qualifications of practitioner : in Block Capitals)

of .....
(full address of practitioner)

(\* delete as appropriate)

Have/have not\* seen/and examined\* the pregnant woman to whom this certificate relates at .....
(full address of place at which patient was seen or examined)

on .....

We hereby certify that we are of the opinion, formed in good faith, that in the case of .....
(full name of pregnant woman : in Block Capitals)

of .....
(Usual place of residence of pregnant woman : in Block Capitals)

Tick appropriate box

- A the continuance of the pregnancy would involve risk to the life of the pregnant woman greater than if the pregnancy were terminated.
B the termination is necessary to prevent grave permanent injury to the physical or mental health of the pregnant woman.
C the pregnancy has NOT exceeded its 24th week and that the continuance of the pregnancy would involve risk, greater than if the pregnancy were terminated, of injury to the physical or mental health of the pregnant woman.
D the pregnancy has NOT exceeded its 24th week and that the continuance of the pregnancy would involve risk, greater than if the pregnancy were terminated, of injury to the physical or mental health of the existing child(ren) of the family of the pregnant woman.
E there is a substantial risk that if the child were born it would suffer from such physical or mental abnormalities as to be seriously handicapped.

This certificate of opinion is given before the commencement of treatment for the termination of pregnancy to which it refers.

Signed .....
Date .....

Signed .....
Date .....