## SCHEDULE 1

## PART II

IN CONFIDENCE PART II			Certificate B	
Not to be destroyed within three years of the date of the operation				
ABORTION ACT 1967  Certificate to be completed in relation to an abortion performed in emergency under Section 1(4) of the Act				
	1, .	(name and qualifications of practitioner : in Block Capitals)		
	of .			
	•	(full address of practitioner)		
		certify that I *am/was of the opinion, formed in good faith, that it *is/was necessary ately to terminate the pregnancy of		
	of .	(Full name of pregnant woman : in Block Capitals)		
		(Usual place of residence of pregnant woman : in Block Capitals)	······································	
Tick appropriate box	I	to save the life of the pregnant woman; or		
		G to prevent grave permanent injury to the physical or mental health of the pregnant wom	an.	
Tick appropriate box		This certificate of opinion is given:		
		before the commencement of treatment for the termination of the pregnancy to which it or, if that is not reasonably practicable, then	relates;	
		2 not later than 24 hours after such termination.		
	Signed			
		Date		
		*Delete as appropriate		

1