

Status: This is the original version (as it was originally made).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

Regulation 3(1)

PART I

Form HSA1 (revised 1991)

Form HSA1 (revised 1991)

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IN CONFIDENCE

CERTIFICATE A

ABORTION ACT 1967

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

Certificate to be completed before an abortion is performed 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/and 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)

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)

- | | | |
|------------------------------|---|--|
| (Ring appropriate letter(s)) | 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 any 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 the treatment for the termination of pregnancy to which it refers and relates to the circumstances of the pregnant woman's individual case.

Signed **Date**

Signed **Date**

* Delete as appropriate

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PART II

SCHEDULE 1

IN CONFIDENCE

Certificate B

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

ABORTION ACT 1967

**CERTIFICATE TO BE COMPLETED IN RELATION TO ABORTION PERFORMED
IN EMERGENCY UNDER SECTION 1(4) OF THE ACT**

I,
(Name and qualifications of practitioner in block capitals)

of

.....
(Full address of practitioner)

hereby certify that I *am/was of the opinion formed in good faith that it *is/was necessary immediately to terminate the pregnancy of

.....
(Full name of pregnant woman in block capitals)

of

.....
(Usual place of residence of pregnant woman in block capitals)

(Ring appropriate number)

- in order 1. to save the life of the pregnant woman; or
- 2. to prevent grave permanent injury to the physical or mental health of the pregnant woman.

This certificate of opinion is given—

(Ring appropriate letter)

- A. before the commencement of the treatment for the termination of the pregnancy to which it relates; or,
- if that is not reasonably practicable, then
- B. not later than 24 hours after such termination.

Signed

Date

*Delete as appropriate