— 4 —

14.	Type of termination of pregnancy—	(Choose appropriate box)
	(a) Dilation and evacuation	conf
	(b) Hysterotomy-abdominal	
	(c) Hysterotomy-vaginal	
	(d) Hysterectomy-abdominal	
	(e) Hysterectomy-vaginal	
	(f) Vacuum aspiration	
	(g) Other (specify)	
15.	Was sterilization performed?	(Choose appropriate
	Yes No	box)
16.	Complications or death prior to notification—	(Choose appropriate
	(a) None	box)
	(b) Sepsis	
	(c) Haemorrhage	
	(d) Death	
	(e) Other (specify)	
17.	In the case of death, specify the cause —	
Note	2: This form is to be completed by the operating medical practitioner and s confidential envelope not later than 3 days after the termination of the Director of Health, Department of Health, Room 4105, 41/F, Revenue Tow Road, Wanchai, Hong Kong.	pregnancy to the

FORM 3 [reg. 4.]
CONFIDENTIAL

## OFFENCES AGAINST THE PERSON ORDINANCE

## (Chapter 212)

## NOTIFICATION TO THE DIRECTOR OF HEALTH OF THE TERMINATION OF A PREGNANCY UNDER SECTION 47A OF THE ORDINANCE

	(Name and qualifications of practitioner)	(To be completed in <i>all</i> cases)
of	(Full address of practitioner)	
	by give notice that I terminated the pregnancy of	
	(Full name of pregnant woman)	
	(Usual place of residence of pregnant woman)	
on	(date) at(time).	
The	termination of the pregnancy was certified as necessary because —	B. (To be completed in <i>all</i> cases)
1.	the continuance of the pregnancy would have involved risk to the life of the pregnant woman greater than if the pregnancy were terminated;	(Choose appropriate box)
2.	the continuance of the pregnancy would have involved risk of injury to the physical or mental health of the pregnant woman greater than if the pregnancy were terminated;	
3.	there was a substantial risk that if the child had been born, it would have suffered from such physical or mental abnormality as to be seriously handicapped.	
IN C	CASE OF EMERGENCY where the termination of pregnancy is not carried out in a hospital or c maintained by the Government or in an approved hospital or clinic	C. (To be completed only in emergency cases)
The	termination of the pregnancy was certified as immediately necessary —	,
1.	to save the life of the pregnant woman; or	(Choose appropriate box)
2.	to prevent grave permanent injury to the physical or mental health of the pregnant woman.	
The	circumstances giving rise to the emergency and relating to the termination of the pregnancy were—	
•••••	(Include details of the pregnant woman's medical condition)	

DH 1700(S) (Rev.96)

IN C	CASE OF TERMINATION OF PREGNANCY OF MORE THAN 24 WEEKS DURATION	D. (To be completed
The	termination of the pregnancy was certified as necessary to save the life of the pregnant woman.	only when pregnancy was
The	circumstances relating to the termination of the pregnancy were —	more than 24 weeks)
•••••	(Include details of the pregnant woman's medical condition)	
Sign	nature of practitioner who terminated pregnancy—	E. (To be completed
		in all cases)
Part	iculars of certifying medical practitioners—	If the operating medical
٨	Name	practitioner joined in giving the
A.	Address	certificate insert at A particulars of the other certifying
	Addless	medical practitioner.
	Qualifications	
	Q	
B.	Name	If the operating medical
	Address	practitioner did not join in giving the certificate insert at
		A and B particulars of the
	Qualifications	two certifying medical practitioners.
Othe	er information relating to the termination of pregnancy—	F.
		(to be completed in <i>all</i> cases)
1.	Maiden name of woman	
2.	Date of birth of woman	
3.	Marital status of woman—	
	(a) Single	(Choose appropriat box)
	(b) Married	
	(c) Widowed	
	(d) Divorced or separated	
	(e) Not known	
4.	Occupation of woman	
5.	Occupation of husband, if woman is married	
6.	Date of woman's last menstrual period	

7.	Previous pregnancies of woman—	
	(a) Number of live-births	
	(b) Number of still-births	
	(c) Number of pregnancies terminated	
	(d) If applicable, date of last termination of pregnancy under the Offences against the Person Ordinance—	
8.	Number of woman's existing children	
9.	Date of admission to place of termination of pregnancy	
10.	Date of discharge from place of termination of pregnancy	
11.	Was the terminated pregnancy that of a woman impregnated before attaining the age of 16 years?	(Choose appropri box)
	Yes No	
	If 'Yes', give an estimate of her age at the time of impregnation.	
	Estimate	
12.	Was the terminated pregnancy that of a woman who had made a report to a police officer, that she had been the victim of an alleged offence under section 47 (which relates to incest), 118 (which relates to rape), 119 (which relates to intercourse procured by threats), 120 (which relates to intercourse procured by false pretences) or 121 (which relates to intercourse procured by drugs) of the Crimes Ordinance (Cap. 200) within a period not exceeding 3 months after the date upon which she alleged that any such offence was committed?	
	Yes No	(Choose appropri
	If 'Yes', give the name of the alleged offence, the date that it was alleged to have been committed, the date and place of report to the police —	<i>ceny</i>
	(a) Name of alleged offence	
	(b) Date of alleged offence	
	(c) Date of report to police	
	(d) Place of report to police	
13.	Medical condition of woman—	
	(a) Obstetric disease (specify)	
	(b) Non-obstetric disease (specify)	