

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

14. Type of termination of pregnancy — (Ring appropriate letter)
- (a) Dilation and evacuation
 - (b) Hysterotomy-abdominal
 - (c) Hysterotomy-vaginal
 - (d) Hysterectomy-abdominal
 - (e) Hysterectomy-vaginal
 - (f) Vacuum aspiration
 - (g) Other (specify)

15. Was sterilization performed? (Ring appropriate answer)
- Yes No

16. Complications or death prior to notification — (Ring appropriate letter)
- (a) None
 - (b) Sepsis
 - (c) Haemorrhage
 - (d) Death
 - (e) Other (specify)

17. In the case of death, specify the cause —
-
-
-

Note: This form is to be completed by the operating medical practitioner and sent in a sealed and confidential envelope not later than 3 days after the termination of the pregnancy to the Director of Health, Department of Health, Wu Chung House, Hong Kong.

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

A.
(To be completed in all cases)

of
(Full address of practitioner)

.....
hereby give notice that I terminated the pregnancy of

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

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

.....
at

on (date) at (time).

The termination of the pregnancy was certified as necessary because —

B.
(To be completed in all 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;
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.

(Ring appropriate number)

IN CASE OF EMERGENCY where the termination of pregnancy is not carried out in a hospital or clinic 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
2. to prevent grave permanent injury to the physical or mental health of the pregnant woman.

(Ring appropriate number)

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)

IN CASE OF TERMINATION OF PREGNANCY OF MORE THAN 24 WEEKS DURATION

The termination of the pregnancy was certified as necessary to save the life of the pregnant woman.

The circumstances relating to the termination of the pregnancy were —

.....
.....

(Include details of the pregnant woman's medical condition)

Signature of practitioner who terminated pregnancy —

.....

Particulars of certifying medical practitioners —

A. Name

Address

Qualifications

B. Name

Address

Qualifications

Other information relating to the termination of pregnancy —

1. Maiden name of woman

2. Date of birth of woman

3. Marital status of woman—

- (a) Single
- (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

.....

D.
(To be completed
only when
pregnancy was
more than 24
weeks)

E.
(To be completed
in all cases)

If the operating
medical
practitioner joined
in giving the
certificate insert at
A particulars of
the other certifying
medical
practitioner.

If the operating
medical
practitioner did not
join in giving the
certificate insert at
A and B
particulars of the
two certifying
medical
practitioners.

F.
(to be completed
in all cases)

(Ring appropriate
letter)

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? (Ring appropriate answer)

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

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 —

(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)

(Ring appropriate answer)

(Ring appropriate answer)