# TERMINATION OF PREGNANCY ACT (CHAPTER 324, SECTION 11)

#### TERMINATION OF PREGNANCY REGULATIONS

#### ARRANGEMENT OF REGULATIONS

#### Regulation

- 1. Citation
- 2. Application for approval as approved institution
- 3. Authorised medical practitioners
- 4. Trained staff
- 5. Mandatory counselling
- 6. Time lapse
- 7. Medical emergency
- 8. Return on counselling personnel and facilities
- 9. Report on request for treatment to terminate pregnancy
- 10. Register of treatments to terminate pregnancy
- 11. Cancellation of approval or authorisation of approved institution
- 12. Disclosure of facts and information The Schedule

[1st October 1987]

#### Citation

**1.** These Regulations may be cited as the Termination of Pregnancy Regulations.

# Application for approval as approved institution

- **2.**—(1) An application to the Minister for the approval of any institution, hospital, maternity home, clinic or other place as an approved institution shall be
  - (a) in Form I in the Schedule; or
  - (b) in the form set out in the electronic licensing system of the Ministry of Health at http://www.moh-ela.gov.sg.

- (2) The Minister may make any modification to the form referred to in paragraph (1)(b) for the purpose of facilitating the submission of that form.
- (3) The form referred to in paragraph (1) shall be submitted in person, by post, by facsimile or using the electronic licensing system.
- (4) The Minister may reject an application made under paragraph (1) without giving any reason.
- (5) The Minister may cancel the approval granted to any institution under paragraph (1) without giving any reason.
- (6) Any approval for the use of any place as an approved institution shall, unless cancelled under paragraph (5), be for 2 years.

### Authorised medical practitioners

- **3.**—(1) A medical practitioner who
  - (a) after being registered under the Medical Registration Act (Cap. 174); and
  - (b) has had 24 months experience or such period as the Minister may determine, in an obstetric and gynaecological unit of a hospital recognised by the Minister,

may apply to the Minister for an authorisation to carry out treatment to terminate any pregnancy which is of not more than 16 weeks duration.

- (2) A medical practitioner who
  - (a) holds the degree of Master of Medicine (Obstetrics and Gynaecology) of the University of Singapore or the National University of Singapore; or
  - (b) is a Member or Fellow of a Royal College of Obstetricians and Gynaecologists,

may apply to the Minister for an authorisation to carry out treatment to terminate any pregnancy which is of not more than 24 weeks duration.

(3) The authorisation of the Minister to carry out treatment to terminate any pregnancy may be subject to such conditions as he thinks fit.

- (4) The Minister may revoke the authorisation given to a medical practitioner under this regulation without giving any reason.
- (5) An application for authorisation to carry out treatment to terminate any pregnancy to the Minister made under this regulation shall be in Form II in the Schedule.

#### Trained staff

**4.** Every approved institution shall have among its personnel at least one doctor or nurse who has undergone a course of training in termination of pregnancy counselling conducted by the Director of Medical Services.

## Mandatory counselling

- **5.**—(1) Every authorised medical practitioner shall, except as provided in paragraph (2), provide a trained counsellor and facilities for counselling to such pregnant women who come to him for treatment to terminate their pregnancies as may be specified by conditions to the authorisation granted by the Minister under regulation 3.
- (2) Every authorised medical practitioner shall refer an unmarried pregnant woman below the age of 16 years who seeks treatment from him to terminate her pregnancy to such counselling centre or counselling facilities as may be directed by the Director of Medical Services.
- (3) Every authorised medical practitioner shall not terminate the pregnancy of a woman referred to in paragraph (2) unless she produces to him a certificate of attendance in Form VII in the Schedule.
- (4) Every authorised medical practitioner shall also provide a trained counsellor and facilities for counselling to a woman who has had her pregnancy terminated.
- (5) The counselling referred to in paragraph (1) shall take such form, be conducted in such manner and in accordance with such criteria as shall be laid down in the conditions to an authorisation granted by the Minister under regulation 3 and shall be given to such pregnant women as may be directed by the Director of Medical Services.

(6) The proceedings of each session of counselling referred to in paragraph (1) shall be recorded on such form as the Director of Medical Services may prescribe.

### Time lapse

- **6.**—(1) If a pregnant woman, after she has been counselled, wishes to proceed with the treatment for the termination of pregnancy, at least 48 hours shall elapse before she is required to give written consent to the treatment and for the treatment to be given.
- (2) Written consent for treatment to terminate pregnancy under section 3(1) of the Act shall be in Form III in the Schedule.
- (3) A declaration of her marital status, educational level and number of living children in Form IV in the Schedule shall be signed by the woman who requires treatment for termination of pregnancy.

## Medical emergency

7. Regulation 5(1) shall not apply to any treatment to terminate pregnancy which is immediately necessary to save the life or prevent grave permanent injury to the physical or mental health of a pregnant woman.

# Return on counselling personnel and facilities

**8.** Every authorised medical practitioner shall submit to the Director of Medical Services annually a return on the personnel and facilities available for counselling in Form V in the Schedule.

# Report on request for treatment to terminate pregnancy

- **9.**—(1) A report on the request for treatment to terminate a pregnancy shall be made to the Director of Medical Services by the authorised medical practitioner
  - (a) within 30 days of the pre-termination of pregnancy counselling if no treatment to terminate pregnancy is carried out on a pregnant woman; or
  - (b) within 30 days of the post-termination of pregnancy counselling if treatment to terminate pregnancy is carried out on a pregnant woman.

- (2) The report referred to in paragraph (1) shall be
  - (a) in Form VI in the Schedule; or
  - (b) in the form set out in the electronic filing system of the Ministry of Health at http://www.moh-topvsreturns.gov.sg.
- (3) The Director of Medical Services may make any modification to the form referred to in paragraph (2)(b) for the purpose of facilitating the submission of that form.
- (4) The form referred to in paragraph (2) shall be submitted in person, by post, by facsimile or using the electronic filing system.

## Register of treatments to terminate pregnancy

- **10.** Every approved institution shall maintain a register of all treatments to terminate pregnancy carried out in the institution and such register shall contain the following particulars:
  - (a) name of operating theatre;
  - (b) name of authorised medical practitioner who carried out the treatment;
  - (c) name of patient as indicated in her identity card or passport;
  - (d) identity card or passport number of patient;
  - (e) date of operation; and
  - (f) method of termination of pregnancy.

# Cancellation of approval or authorisation of approved institution

11. Without prejudice to regulation 2(3), the Minister may cancel the approval for the use of any place as an approved institution and the authorisation to carry out treatment to terminate pregnancy if any authorised medical practitioner contravenes or fails to comply with any of the provisions of regulation 4, 5, 6, 8, 9 or 10 and any condition specified by the Minister under regulation 3(3).

#### Disclosure of facts and information

- 12.—(1) Facts and information relating to treatment to terminate a pregnancy may be disclosed by a person mentioned in section 7(1)(a) and (b) of the Act to the following persons and only for the purpose of:
  - (a) carrying out his duties to an officer of the Ministry of Health authorised by the Director of Medical Services;
  - (b) carrying out his duties in relation to offences under the Act or any law relating to abortion — to the Attorney-General or a member of his staff authorised by him;
  - (c) investigating whether an offence has been committed under the Act or any law relating to abortion — to a police officer not below the rank of superintendent or a person authorised by him and any public officer appointed by the Minister under section 8 of the Act;
  - (d) criminal proceedings which have begun; or
  - (e) bona fide research.
- (2) Except as provided in paragraph (1), no fact or information relating to treatment to terminate a pregnancy shall be given to any person for any purpose unless the patient has expressly consented to the disclosure.

# THE SCHEDULE FORM I

Regulation 2 (1)

# TERMINATION OF PREGNANCY ACT (CHAPTER 324)

#### TERMINATION OF PREGNANCY REGULATIONS

#### APPLICATION FOR STATUS OF APPROVED INSTITUTION

| ECTION 1 — PARTICULARS OF LICENSEE/MANAGER               |                        |                       |  |  |  |  |  |
|--|------------------------|-----------------------|--|--|--|--|--|
| 1.1 Name as shown in NRIC/Passport (Dr/Mr/Mrs/Miss/Mdm*) | 1.3 Male/Female        | 1.7 NRIC/Passport No. |  |  |  |  |  |
| 1.2 Residential Address                                  | 1.4 Home Tel No.       | 1.8 Office Tel No.    |  |  |  |  |  |
|  | 1.5 Mobile/Pager<br>No | 1.9 Email Address     |  |  |  |  |  |
|  | 1.6 MCR No.            | 1.10 Qualifications   |  |  |  |  |  |

| SECTION 2 — PARTICULAR  | S OF PREMISES   | S                    |                |
|---|-----------------|----------------------|----------------|
| 2.1 Name of healthcare inst<br>in the licence issued und<br>Hospitals and Medical (<br>(Chapter 248)) | der the Private | 2.2 Tel No.          | 2.3 Fax No.    |
| 2.4 Address of healthcare in<br>shown in the licence iss<br>Private Hospitals and M<br>(Chapter 248)) | ued under the   |                      |                |
| SECTION 3 — PARTICULAR  | S OF PERSONN    | EL                   |                |
| 3.1 Name of medical practitioners authorised perform abortion   | to MCR No.      | Type of Registration | Qualifications |
| (1)   |                 | Full/Conditional     |                |
| (2)   |                 | Full/Conditional     |                |
| (3)   |                 | Full/Conditional     |                |
| (4)   |                 | Full/Conditional     |                |
| (5)   |                 | Full/Conditional     |                |
| 3.2 Name of anaesthetists   | MCR No.         | Type of Registration | Qualifications |
| (1)   |                 | Full/Conditional     |                |
| (2)   |                 | Full/Conditional     |                |
| (3)   |                 | Full/Conditional     |                |
| (4)   |                 | Full/Conditional     |                |
| 3.3 Name of trained nurses  |                 | Qualificatio         | ns             |
| (1)   |                 |                      |                |
| (2)   |                 |                      |                |
| (3)   |                 |                      |                |
| 3.4 Name of certified  Termination of Pregnand counsellors  | су              | Qualificatio         | ns             |
| (1)   |                 |                      |                |
| (2)   |                 |                      |                |
| SECTION 4 — FACILITIES A  | AND EQUIPMEN    | T                    |                |
|   | Item            |                      | Total Number   |
| (a) Recovery beds   |                 |                      |                |
| (b) Major and Minor Opera   | ting Theatres   |                      |                |

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| THE SCHEDU   | JLE — continued                |                                 |
|--|--------------------------------|---------------------------------|
| (c) Operating tables   |                                |                                 |
| (d) Operating lights (fixed and portable)  |                                |                                 |
| (e) Motor suction  |                                |                                 |
| (f) Instrument trolley   |                                |                                 |
| (g) Instrument/dressing cabinet  |                                |                                 |
| (h) Are there facilities for sterilisation of instru   | iments                         | Yes/No                          |
| (i) Alternate light source in the event of power   | r failure                      | Yes/No                          |
| SECTION 5 — STATISTICS ON ABORTION (   | for renewal only)              |                                 |
| Number of abortions performed during the previous 2 years  | Year                           | Year                            |
|  |                                |                                 |
| SECTION 6 — DECLARATION  |                                | •                               |
| I declare the information in my application that approval of the licence is dependant or under the Termination of Pregnancy Act, R | n satisfactory compliance v    | with the relevant requirements  |
| Please note that MOH will contact you, if we require   | e any additional informatio    | n for your licence application. |
| *Delete where necessary.   |                                |                                 |
| FC   | ORM II                         |                                 |
|  |                                | Regulation 3 (5)                |
|  | F PREGNANCY AC<br>PTER 324)    | T                               |
| TERMINATION OF PRE   | EGNANCY REGULA                 | ATIONS                          |
| APPLICATION FOR AN AUTHORISA<br>TERMINATI  | TION TO CARRY C<br>E PREGNANCY | OUT TREATMENT TO                |
| Application is hereby made by  |                                |                                 |
|  | (Insert name of medi           | ical practitioner)              |
| of   | at                             |                                 |

for an authorisation to carry out treatment to terminate pregnancy under \*regulation 3 (1) or 3 (2) of the Termination of Pregnancy Regulations.

(Insert name of hospital/clinic) (Insert address of hospital/clinic)

#### Particulars of Applicant

My qualifications and Obstetric and Gynaecological experience are as follows:

# Termination of Pregnancy Regulations

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# THE SCHEDULE — continued

| (1) Medical Qual                | ifications:  |
|---------------------------------|--|
|                                 | Obstetric and Gynaecological experience in Singapore hospital (excluding housemanship):                      |
| (3) Duration of C (excluding ho | Obstetric and Gynaecological experience in other hospitals busemanship):                                     |
| *Delete whichever is inapplic   | able.  |
| Declaration                     |  |
| <u>•</u>                        | t the particulars stated in this application and the attached e true to the best of my knowledge and belief. |
| Documents submitte              | d [Mark 'X' in the appropriate box(es)]  |
| 1. A copy each                  | of my medical qualifications   |
| 2. Proof of my                  | Obstetric and Gynaecological experience  |
| 3. Others:                      |  |
|                                 |  |
|                                 | Signature of Applicant   |
|                                 | <u>CONFIDENTIAL</u>  |
|                                 | FORM III   |
|                                 | Regulation 6 (2)   |

# TERMINATION OF PREGNANCY ACT (CHAPTER 324)

## TERMINATION OF PREGNANCY REGULATIONS

#### CONSENT FOR THE TREATMENT TO TERMINATE PREGNANCY

| I have been counselled by  |                            |                     |     |
|--|----------------------------|---------------------|-----|
| and fully understand the effects of attreatment to terminate pregnancy to l                                | • •                        | and give my consent | for |
| (Name of autho   | orised medical practitione | er)                 |     |
| of   |                            |                     |     |
| (Hospital  | /Approved Institution)     |                     |     |
| at   |                            |                     |     |
|  | (Address)                  |                     |     |
| I also consent to such further alte<br>necessary during the course of the<br>anaesthesia for this purpose. | •                          | •                   | ıd  |
| Name of Pregnant Woman:  |                            |                     | _   |
| Address:   |                            |                     |     |
| Citizenship:   |                            |                     | -   |
| Signature  |                            | Date                |     |
| Name of Witness:   |                            |                     |     |
| Address:   |                            |                     |     |
| Citizenship:   | NRIC No.:                  |                     |     |
| Signature  |                            | <br>Date            |     |

FORM IV

Regulation 6 (3)

# TERMINATION OF PREGNANCY ACT (CHAPTER 324)

# TERMINATION OF PREGNANCY REGULATIONS DECLARATION FORM

| Name:                              |  |
|------------------------------------|--|
| NRIC/Passport No.:                 |  |
| Marital Status:                    |  |
| Educational Level:                 |  |
| No. of Living Children:            |  |
| I hereby declare that the above is | nformation given by me is true and correct.            |
| <br>Date                           | Signature of Declarant                                 |
|                                    | FORM V   |
|                                    | Regulation 8   |
|                                    | OF PREGNANCY ACT<br>(APTER 324)                        |
| TERMINATION OF P                   | PREGNANCY REGULATIONS                                  |
|                                    | SION FOR TERMINATION OF<br>ELLING FACILITIES AT CLINIC |
| Ι                                  |  |
| (Name of Author                    | ised Medical Practitioner)                             |
| of                                 |  |
| (Name and                          | d Address of Clinic)                                   |

Hereby declare that the personnel and facilities indicated hereunder are available for counselling:

1. Hospital/Clinic where pre and post-termination of pregnancy counselling will be provided:

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|       |         | T              | HE SCHED      | ULE — con       | ntinued                                |        |
|-------|---------|----------------|---------------|-----------------|--|--------|
|       | 2.      | Counsellors:   |               |                 |  |        |
|       |         | Nam            | e             |                 | Qualificatio                           | ns     |
|       |         |                |               | _               |  |        |
|       |         |                |               | _               |  |        |
|       | 3.      | Audio-visual e | quipment for  | screening of    | counselling mate                       | rials: |
|       |         | (a) Number     | of television | sets:           |  | _      |
|       |         | (b) Number     | of video cass | sette recorders | 3:                                     | _      |
| enter | -       |                |               |                 | fficer at the Minis ns that may be pu  | •      |
|       | Dated t | his            | day of        |                 | 19 .                                   |        |
|       | Siş     | gnature        |               |                 | —————————————————————————————————————— | nation |

FORM VI

Regulation 9

# TERMINATION OF PREGNANCY ACT (CHAPTER 324)

#### TERMINATION OF PREGNANCY REGULATIONS

#### REPORT ON REQUEST FOR TREATMENT TO TERMINATE PREGNANCY

| ART 1 - PARTICULAR  | RE OF PREGNAP  | NT WOM   | MM   |  |                       |  |                            |   |
|---|--|--|--|--|-----------------------|--|----------------------------|---|
| Name as shown in N  |  |  |  |  |                       |  |                            |   |
|   |  | -  |  |  |                       |  |                            |   |
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| Registration No. (Uli   |  | OX ENTER   | 8  | 4. Chizen  | map                   | Catzen                                   | -                          | La  |
| & chuck digit)  |  |  |  | ☐1. Singe  | poreun                | io Data Core                             | nancad.                    | (b) Woman's Work Parmit No.                       |
|   | - 1  |  |  | Oz Marie   |                       | Residence                                | <b>e</b> 1                 | (D) (right & store Familia sec.                   |
|   |  |  |  |  |                       | Singspore<br>Day Mont                    | n Year                     |   |
|   | Desy   | Month  | Year   | ☐ 9. Other   | • P                   | Day Mont                                 | 7 (7                       | Luni  |
| Ethnic Group  | 7. Marital Statu   |  | FAM  | Money Leve   |                       | 19 4494                                  | ty Status                  | 10. Occupation                                    |
|   |  | - 1  |  | BOS DANGE  |                       |  |                            | day working persons and                           |
| 1. Chinese  | 1.Single   | - l  | ] 1. Pro-  |  |                       | D1. Wo                                   | iting (Virme               | A1  |
| 2. Maley  | 2. Steady/Eng  |  |  | ondery/Voca  | done                  | □2. Wo                                   | nting p/time               | 8   |
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| 9. Others   | A. DhuSepVM  |  | Js. um   |  | 10000                 | □4.8m                                    | Seri.                      |   |
| 1. Is Husband a Sing  |  |  |  | Educations   | Long                  |  |                            | sined Income Par Month<br>sing income of hyebend) |
| Work Permit/Empk  | dyment .   | -  | ***  |  |                       |  | Incarc                     | successed on unecounts)                           |
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| ART II - PARTICULA  |  | PLANN  | (Inven   | ey<br>IBKANCY  | aptiva Uh             | ethod Used                               |                            | Pravious Induced Termination                      |
| ART H - PARTICULA   | ory  | PLANNIE<br>16. Mr  | (Inven   | iskancy<br>ril Contrac   |                       | ethod Used<br>njedion                    |                            | Pravious Induced Terminations                     |
| SART H - PARTICULA<br>5. Contraceptive Histo<br>1. Practised up to  | ory<br>time of pregnancy   | 16. M  | HQ/PRE<br>out Rece<br>1. One F   | iby<br>IBNANCY<br>rrii Cominso   | 041                   | njedker                                  | of Pro                     | ignericy  |
| PART N - PARTICULA 5. Contraceptive Histo  I. Practised up to  2. Oleconthroad to   | ory<br>time of pregnancy<br>saltine prognancy  | 16 M   | NO, PRO<br>NO, PRO<br>NO. Reco<br>1. Oral F<br>2. Cond   | iby<br>IBNANCY<br>rrii Cominso   |                       | njedker                                  | of Pro                     |   |
| SART H - PARTICULA<br>5. Contraceptive Histo<br>1. Practised up to  | ory<br>time of pregnancy<br>saltine prognancy  | 16 M   | HQ/PRE<br>out Rece<br>1. One F   | iby<br>IBNANCY<br>rrii Cominso   | 041                   | njedker                                  | of Pro                     | ignericy  |
| ART N - PARTICULA 5. Contraceptive Hiss  1. Practiced up to 2. Oleconthood to   | ory<br>time of pregnancy<br>saltine prognancy  | 16 M   | NO, PRO<br>NO, PRO<br>NO. Reco<br>1. Oral F<br>2. Cond   | iby<br>IBNANCY<br>rrii Cominso   | 041                   | njedker                                  | of Pro                     | Ignericy<br>Day of Lest Menetrual Period          |
| ART 8 - PARTICULA 5. Contraceptive Heat 5. Practised up to 2. Olecontinued to 3. Never practises  | ony<br>time of pregnancy<br>saltine prognancy<br>d   | 16 M   | HQ/PMI<br>HQ/PMI<br>HI ONE F<br>2. Cond<br>3. NUO  | iby<br>IBNANCY<br>rrii Cominso   | 041                   | njedker                                  | of Pro                     | Ignericy<br>Day of Lest Menetrual Period          |
| ANT II - PARTICULA 5. Contraceptive Hist  | ory<br>stene of pregnancy<br>d<br>d to terminate pre   | PLANIES 16. Mr.  | MO/PHAN<br>ME Race<br>1. One F<br>2. Cond<br>3. NUO  | BRANCY<br>OFFICE<br>OFFI<br>OFFI   | 0 + 4                 | ngedien<br>Oshers                        | of Pre                     | Day of Less Menetrual Period  Day Month Year      |
| ART 8 - PARTICULA 5. Contraceptive Heat 5. Contraceptive Heat 6. Practiced up to 6. Practiced up to 7. Never practices 9. Resson for request  | ory Itme of pregnancy d I to terminate pre orced/Misowed   | PLANISE<br>16. Mr.   | MQ/PRODUCTION OF THE PRODUCTION OF THE PRODUCTIO | BRANCY IS CONTRO   | 0 + 4                 | ngedien<br>Oshers                        | of Pro                     | Day of Less Menetrual Period  Day Month Year      |
| ART H - PARTICULA 5. Contraceptive Hist  1. Practiced up to  2. Olecontinued to  3. Never practices  R. Resson for requese  1. Unmarried/Div  | ony bline of prognancy d to terminate pro orced///dowed en   | PLANNIE<br>16. MA<br>16. MA<br>19. MA<br>1 | MQ/PRODUCTION OF THE PRODUCTION OF THE PRODUCTIO | elektricy<br>ril Contrac<br>ele<br>on<br>ostari a lam<br>he talure   | 0 + 4                 | ngedien<br>Oshers                        | of Pre                     | Day of Less Menetrual Period  Day Month Year      |
| ART N - PARTICULA 5. Contraceptive Heat 5. Practised up to 2. Decontinued to 3. Never practice  R. Resson for request 1. Unmerited/Dec  | ony blace of pregnancy d it to terminate pre orred/Midowed another child   | PLANNIE<br>16. MA<br>16. MA<br>19. MA<br>1 | University of Record 1. One in 2. Constitution 3. KUD  | elektricy<br>ril Contrac<br>ele<br>on<br>ostari a lam<br>he talure   | □ 4.1<br>□ 2.4<br>••y | hyedism<br>Others                        | of Pre                     | Day of Less Menetrual Period  Day Month Year      |
| PART N - PARTICULA  5. Contraceptive Hist  1. Practised up to  2. Olecontinued in  3. Never practice  9. Reason for request  1. Unmerrication  2. Enough childre  3. Carrent sillord  4. Too close to is  | ony item of pregnancy d to terminate pre orced/Mowed an another child an appearancy  | PLANNING 16. Mc  | L (Inventore Record Rec | is contract of the contract of | O 4 1                 | njedkiri<br>Others                       | of Pre                     | Day of Less Menetrual Period  Day Month Year      |
| PART II - PARTICULA  5. Contraceptive Hist  1. Practiced up to  2. Oleconthused b  3. Newer practice  1. Unmerited D  2. Enough childre  3. Control saford  4. Too close to is  PART III - PARTICULA  | ory  Bine of pregnancy  d  to terminate pre proced/Midowed per   | PLANNING 16. Mc  | L (Inventore Record Rec | is contract of the contract of | O 4 1                 | njedkiri<br>Others                       | of Pre                     | Day of Less Menetrual Period  Day Month Year      |
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| ART II - PARTICULA  5. Contraceptive Hist  1. Practiced up to  2. Discontinued is  3. Research for request  1. Universal Contract  2. Enough childre  3. Contract allord  4. Too close to be  PART III - PARTICUL  1. Ne (Proceed to  | ory  It me of pregnancy  If to terminate pre orced/Midowed  per another child  at pregnancy  ARES OF PRE-TE presaling?  Persa IV & V)  | PLANNING 16. Mc  | L (Inventore Record Rec | is contract of the contract of | O 4 1                 | 9.0                                      | of Pre                     | Day of Less Menetrual Period  Day Month Year      |
| ART II - PARTICULA  5. Contraceptive Hist  1. Practiced up to  2. Discontinued is  3. Research for request  1. Universal Contract  2. Enough childre  3. Contract allord  4. Too close to be  PART III - PARTICUL  1. Ne (Proceed to  | ory  It me of pregnancy  If to terminate pre orced/Midowed  per another child  at pregnancy  ARES OF PRE-TE presaling?  Persa IV & V)  | PLANNING 16. Mc  | L (Inventore Record Rec | is contract of the contract of | O 4 1                 | 9.0                                      | of Pre                     | Day of Less Menetrual Period  Day Month Year      |
| ART II - PARTICULA  5. Contraceptive Hist  1. Practiced up to  2. Discontinued is  3. Resear practice  1. Universitative  2. Enough childre  3. Convot attloré  4. Teo dose to la  PART III - PARTICUL  10. Whether given cos.  11. Ne (Proceed to  | ory  It me of pregnancy  If to terminate pre orced/Midowed  on another child  all pregnancy  ARES OF PRE-TE unselling?  o Parts N & V)  Or   | PLANNING 16. Mc  | L (Inventore Record Rec | is contract of the contract of | Par Rubel             | njedion Ohers  4.0                       | of Pre                     | Day of Lest Menatrual Pariod  Day Month Year      |
| PART II - PARTICULA  5. Contraceptive Hist  1. Practiced up to  2. Discontinued is  3. Hereir practice  1. Uninverset Discontinued is  2. Enough childre  3. Convot attloré  4. Too close to la  PART III - PARTICUL  10. Whether given cou   | ory  It me of pregnancy  If to terminate pre orced/Midowed  on another child  all pregnancy  ARES OF PRE-TE unselling?  o Parts N & V)  Or   | PLANNING 16. Mc  | L (Inventore Record Rec | is contract of the contract of | Par Rubel             | njedion Ohers  4.0                       | of Pre                     | Day of Less Menetrual Period  Day Month Year      |
| PART II - PARTICULA  5. Contraceptive Hist  1. Practiced up to  2. Oleconthund b  3. Never practice  1. Unmerited Di  2. Enough childri  3. Control sillor  4. Too close to is  PART III - PARTICULA  10. Whether given cox   | ony  item of pregnancy d  attree pregnancy d  to terminate pre orced/Mowed another child at pregnancy ARE OF PRE-TE unsaling? or Parts (V & V)  or   | PLANNING 16. Mc  | L (Inventore Record Rec | is contract of the contract of | Par Rubel             | njedion Ohers  4.0                       | of Pre                     | Day of Lest Menatrual Pariod  Day Month Year      |
| PART II - PARTICULA  5. Contraceptive Hist  1. Practised up to  2. Olecontinued in  3. Hener practice  9. Reason for request  1. Unmeriteatible  2. Enough childre  3. Cannot afford in  4. Too close to is  SART II - PARTICUL  20. Whether given co.  1. No (Proceed to  21. Name of Counselling  22. Date of counselling | ony  item of pregnancy d  attree pregnancy d  to terminate pre orced/Mowed another child at pregnancy ARE OF PRE-TE unsaling? or Parts (V & V)  or   | PLANNING 16. Mc  | L (Inventore Record Rec | is contract of the contract of | Par Rubel             | njedion Ohers  4.0                       | of Pre                     | Day of Lest Menatrual Pariod  Day Month Year      |

| 24. Result of cou  | raeling  | 25. If undecided, date of secon  | nd countaing 25   | Fleauti of seco               | ond counselling  |
|--|--|--|---|-------------------------------|--|
| 1. Wants to<br>2. WM cont  | terminate pregnancy<br>true with pregnancy   | Day Month  | Yee   |                               | terrelets pregnancy  |
| PART IV - PART   | CIN ARR ON PRES  | DIT TERMINATION OF PREGN   |   |                               |  |
|  |  | . If combination of methods, ind   |   |                               |  |
| Mathada  |  | a constant of flooring, 2 to   | 20  | Type of Annual                |  |
| 1. Menseur<br>, 2. Vacuum<br>3. Promech<br>4. Creation   | Aspiration []  | 5. Hyperconic Salive. Urse, Destroe<br>4. Hysterotomy<br>9. Others (specify)   | 13 5 1  | □ 2. Regionali<br>□ 3. NO     | Local  |
| 9. Result of Ope   | ration - Were there a  | ny complications?  | 30  | Cale & Place                  | of Operation   |
| D I. No  | in.  | 2 Year (Peaces steps):   | - 1   | 22                            |  |
|  |  | 2 1-0-11   |   | Day                           | Month Year   |
|  | -  |  |   | Des:                          | للاللا   |
|  | Ξ  |  |   | Place                         |  |
| I. Nume of Med   | ical Practitioner who  | performed the termination of pro   | grency.   | 1230,040                      |  |
|  | 111111   |  |   |                               |  |
|  |  |  |   |                               |  |
| ART V - PARTH  |  | Practitioner Hospit  | DOUNGELLING   | -                             | Date   |
| ART V - PARTH  | CULARE OF POST-T   |  |   |                               | Desc   |
|  | CULARE OF POST-T   | EPHINISATION OF PREGNANCY  |   |                               | Date   |
| ART V - PARTH  | TULARS OF POST-T   | ERMINATION OF PREGNANCY  AptalUniCities where  stating was done it different   | 35 Result of count  | Miling                        | Ш  |
| ART V - PARTH  | TULARS OF POST-T   | EPHINISATION OF PREGNANCY  | 35. Result of count   | Miling                        | ☐ 5. Injection   |
| ART V - PARTH<br>2. Name of cour   | CULARE OF POST-T   | ERMINATION OF PREGNANCY  AptalUniCities where  stating was done it different   | 36. Result of count   | Miling                        | 25. Injection  |
| ART V - PARTH<br>2. Name of coun   | CULARE OF POST-T   | ERMINATION OF PREGNANCY  AptalUniCities where  stating was done it different   | 35. Result of count   | Miling                        | 25. Injection  |
| ART V - PARTH 2. Name of count 3. Date of count  | EULARE OF POST-7 Inelior Ineli | ERMINATION OF PREGNANCE  ROSAULVACCIONE Motors  Macalling was done (il different in (tern 23)  | 36. Result of count   | Miling                        | 25. Injection  |
| Day Mont   | CULARE OF POST-T   | EPMINISTICNS OF PREGNANCY  posset/unicoline where unselling was done [II different in dam 23]  | 35. Result of count   | iolling<br>mily planning      | S. Injection 6. disentanton S. Others (special   |
| Day Mont   | CULARE OF POST-T   | ERMINATION OF PREGNANCE  ROSAULVACCIONE Motors  Macalling was done (il different in (tern 23)  | 35. Result of count   | iolling<br>mily planning      | 25. Injection  |
| ARTY - PARTH 2. Name of count 3. Date of count Day Mont B. Whether rafer   | CULARS OF POST-T neitor  34. Mon cou from 1. Year  2 Yes in  | EPMINISTICNS OF PREGNANCY  posset/unicoline where unselling was done [II different in dam 23]  | 35. Result of count   | iolling<br>mily planning      | S. Injection 6. disentanton S. Others (special   |
| ARTY - PARTH 2. Name of count 3. Date of count Day Mont B. Whether rafer   | CULARE OF POST-T   | EPMINISTICNS OF PREGNANCY  posset/unicoline where unselling was done [II different in dam 23]  | 35. Result of count   | iolling<br>mily planning      | S. Injection 6. disettation S. Others (specif  |
| ARTY - PARTH 2. Name of count 3. Date of count Day Mont B. Whether rafer   | Education Lavel  Demotes person  | EPMINISTICNS OF PREGNANCY  posset/unicoline where unselling was done [II different in dam 23]  | 35. Result of course  1. Refued to 2. One PB  2. Condon  4. N/O                               | iolling mily planning         | S. Injection 6. Stantzeton S. Othere (specificable                                     |
| ARTY - PARTH 2. Name of count 3. Date of count Day Mont B. Whether rafer   | Education Lares  Denotes persons  Control  Denotes persons  Control  Denotes persons   | ERMINIATION OF PREGNANCE  ROSSULVIVICITIES where Intelling was done (if different in (tern 23)  SOr follow-up? pacity agency):   | 35. Result of count  15. Result of count  17. Result of count  2. One Pill  2. Condom  4. N/O | iolling mily planning  3. Not | S. Injection 6. Sentation 8. Others (specially adjustable condary adjustable)          |
| Day Monte of country  3. Date of country  Whother rafer  1. No  Insenticultors of Primary  Secondary/ Vocational         | Education Lavel    Denotes persons training at Vocate  | EPRIMINATION OF PREGNANCY  Iprisi/Unit/Clinic where intelling was done (I different in fam 23)  Tor follow-up?  pacity agency):  I with primary education up to h I with no formal education.  | 25. Result of course  1. Refued to  2. One PB  2. Condon  4. N/O                              | D3. Not                       | S. Injection S. Stantzation S. Othere (specificable condany advication a               |
| Day Mont Day | Education Lares  Denotes persons provided.  Denotes persons provided.  Denotes persons provided.  Denotes persons provided.  | ERMINIATION OF PREGNANCY  apticulus to the property of the primary education up to he with primary education up to he with primary education up to he with no formal education.  I who have passed PSLE and he local and industriel Training levi  | 35. Result of count  35. Result of count  1. Refued to  2. One PB  2. Condon  4. NO           | but with no secondar          | S. Injection S. Others (epocal applicable  ondary education arclude persons in the app |
| Day Mont  Day Mont  B. Whother rafer  I No  Secondary/ Vocational  Training  'O' Lavel                                   | Education Lares  Denotes persons provided.  Denotes persons provided.  Denotes persons provided.  Denotes persons provided.  | ERMINIATION OF PREGNANCY  potal/UnitClinic where potal/UnitClinic where potal/UnitClinic where potal/unitClinic where in item 23)  for follow-up? pacity agency):  I with no formal education up to h I with no formal education is who have passed PSLE and h ional and industrial Training level is with at least one G.C.E. 'A' tereil by the Singapors Polysicheic, h in the singapors Polysicheicheic, h in the singapors Polysicheicheicheicheicheicheicheicheicheiche | 35. Result of count  35. Result of count  1. Refued to  2. One PB  2. Condon  4. NO           | but with no secondar          | S. Injection G. Sheetzelon S. Othere lepecif   |

### FORM VII

Regulation 5(3)

CONFIDENTIAL

FORM VII

Regulation 5 (3)

#### TERMINATION OF PREGNANCY ACT (CHAPTER 324)

#### TERMINATION OF PREGNANCY REGULATIONS

#### CERTIFICATE OF ATTENDANCE

#### This is to certify that:

|             |           |                                   |       |      |  | born on      |      |             |
|-------------|-----------|-----------------------------------|-------|------|--|--------------|------|-------------|
| (Name)      |           |                                   |       |      |  | (L           | )ase | of Birth)   |
| holder of _ |           |                                   |       |      |  | has attended | the  | counselling |
|             | required  | tificate/NRIC/Po<br>by regulation | 5 (2) | of t |  | Termination  | of   | Pregnancy   |
|             |           |                                   | (Date | 151  |  |              |      |             |
|             |           |                                   |       |      |  |              |      |             |
| (Nar        | ne and De | signation)                        |       |      |  | (Si          | gna  | ture)       |

[G.N. Nos. S 244/87; S 188/88; S 486/91; S 174/97; S 239/97]

#### LEGISLATIVE HISTORY

# TERMINATION OF PREGNANCY REGULATIONS (CHAPTER 324, RG 1)

This Legislative History is provided for the convenience of users of the Termination of Pregnancy Regulations. It is not part of these Regulations.

1. G. N. No. S 244/1987 — Termination of Pregnancy Regulations 1987

Date of commencement : 1 October 1987

2. G. N. No. S 188/1988 — Termination of Pregnancy (Amendment) Regulations 1988

Date of commencement : Date not available

3. G. N. No. S 486/1991 — Termination of Pregnancy (Amendment) Regulations 1991

Date of commencement : Date not available

4. 1990 Revised Edition — Termination of Pregnancy Regulations

Date of operation : 25 March 1992

5. G. N. No. S 174/1997 — Termination of Pregnancy (Amendment) Regulations 1997

Date of commencement : 4 April 1997

6. G. N. No. S 239/1997 — Termination of Pregnancy (Amendment No. 2) Regulations 1997

Date of commencement : 16 May 1997

7. 1999 Revised Edition — Termination of Pregnancy Regulations

Date of operation : 1 April 1999

8. G. N. No. S 320/2003 — Termination of Pregnancy (Amendment) Regulations 2003

Date of commencement : 1 July 2003