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 https://elis.moh.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.

	Termination of Pregnancy		
CAP. 324, Rg 1]	Regulations	[1999 Ed.	p. 3

(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 https://elis.moh.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

SECTION 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 No	1.9 Email Address
	1.6 MCR No.	1.10 Qualifications

CAP. 324, Rg 1]

THE SCHEDULE — *continued*

SECTION 2 — PARTICULARS OF PREMISES

2.1 Name of healthcare institution (as shown in the licence issued under the Private Hospitals and Medical Clinics Act (Chapter 248))	2.2 Tel No.	2.3 Fax No.
2.4 Address of healthcare institution (as shown in the licence issued under the Private Hospitals and Medical Clinics Act (Chapter 248))		

SECTION 3 — PARTICULARS OF PERSONNEL

3.1 Name of medical practitioners authorised to perform abortion	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		Qualification	18
(1)			
(2)			
(3)			
3.4 Name of certified Termination of Pregnancy counsellors		Qualification	15
(1)			
(2)			

SECTION 4 — FACILITIES AND EQUIPMENT

Item	Total Number
(a) Recovery beds	
(b) Major and Minor Operating Theatres	

Informal Consolidation - version in force from 1/8/2013

p. 8 1999 Ed. Termination of Pregnancy

Regulations

THE SCHEDULE — *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 to be true, to the best of my knowledge. I also understand that approval of the licence is dependant on satisfactory compliance with the relevant requirements under the Termination of Pregnancy Act, Regulations and Guidelines.

Please note that MOH will contact you, if we require any additional information for your licence application.

*Delete where necessary.

FORM II

Regulation 3 (5)

TERMINATION OF PREGNANCY ACT (CHAPTER 324)

TERMINATION OF PREGNANCY REGULATIONS

APPLICATION FOR AN AUTHORISATION TO CARRY OUT TREATMENT TO TERMINATE PREGNANCY

Application is hereby made by

(Insert name of medical practitioner)

of ______ at _____

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

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

Particulars of Applicant

My qualifications and Obstetric and Gynaecological experience are as follows:

THE SCHEDULE — continued

- (1) Medical Qualifications:
- (2) Duration of Obstetric and Gynaecological experience in Singapore Government hospital (excluding housemanship):
- (3) Duration of Obstetric and Gynaecological experience in other hospitals (excluding housemanship):

*Delete whichever is inapplicable.

Declaration

I hereby declare that the particulars stated in this application and the attached documents listed below are true to the best of my knowledge and belief.

Documents submitted [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:

Date

Signature of Applicant

CONFIDENTIAL

FORM III

Regulation 6 (2)

THE SCHEDULE — continued

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 abortion. I hereby request and give my consent for treatment to terminate pregnancy to be performed on me by

Name of autho	prised medical practition	222)
of	-	,
	Approved Institution)	
at		
	(Address)	
I also consent to such further alter necessary during the course of the anaesthesia for this purpose.	-	•
Name of Pregnant Woman:		
Address:		
Citizenship:	NRIC No.: _	
Signature		Date
Name of Witness:		
Address:		
Citizenship:	NRIC No.:	
Signature		Date

FORM IV

Regulation 6 (3)

Termination of Pregnancy Regulations

THE SCHEDULE — *continued*

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 information given by me is true and correct.

Date

Signature of Declarant

FORM V

Regulation 8

TERMINATION OF PREGNANCY ACT (CHAPTER 324)

TERMINATION OF PREGNANCY REGULATIONS

RETURN ON PROVISION FOR TERMINATION OF PREGNANCY COUNSELLING FACILITIES AT CLINIC

Ι_____

(Name of Authorised Medical Practitioner)

of

(Name and 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:

THE SCHEDULE — continued

2. Counselle	ors:	
	Name	Qualifications
3. Audio-vi	sual equipment for scr	eening of counselling materials:
(a) Nu	mber of television sets	:
(b) Nu	mber of video cassette	recorders:
1 1	•	y public officer at the Ministry of Health to y questions that may be put to me.
Dated this	day of	19 .
Signature		<i>Designation</i>

FORM VI

Regulation 9

Termination of Pregnancy Regulations

THE SCHEDULE — *continued*

TERMINATION OF PREGNANCY ACT (CHAPTER 324)

TERMINATION OF PREGNANCY REGULATIONS

REPORT ON REQUEST FOR TREATMENT TO TERMINATE PREGNANCY

ART 1 - PARTICULAR	IS OF PRECINAL	T WOM	AN					
Name as shown in N				000000				
						111		
			11			5. Il noi Sino		
Registration No. (UI)	Anthering 3. Dam		3	4. Chizeni		Citizen		
& chuck digit				01. Singe	porean	10 Date Corre		(c) Woman's Work Parmh No.
	1					Residence		(p) woman's wom raimin wo.
						Singapore		
	Dep	Month	YH	Da other	•	Day Mont	h Yes	
					_			
. Ethnic Group	7. Maprital Stat.			ional Leve		3. ACM	ly Status	10. Occupation dos working persons only
31. Chinese	C1.Single		2.32		10	01.00	nang Mene	and the degree states
2. Malan	2. Stredy/Eng		1. Prin	ary anderyVisca		02.00	nting prish	
				and No:				
3. Indian/Parliment	3. Merned			and specify	×	172 140	gröhow	
3. Others	a. Dhuthep/M]4. K]5. UA			Q4.80	deni.	
1. Is Husband a Sings	porest/		_	Educatione	Long			aned income Par Monits
Work Permit/Empic	A MARKET	-	-				Includ	ting income of hysband)
Page Holder?**		01	Primary					\$
				wyVocator		1000000		
0 1. No 0	2. 786		3. 'D' Laval No: (strate specify)			and abscult	14. No. of Living Children	
	22 m (20 m L) -							
		0\$	Union					
ANT H - PARTICULA	RE OF FAMELY		Universit	y	2		L	
		PLANNE	(Inven 10, PN	by IBRANCY	e;0.9 M	Nethod Used	17. No. 0	Previous Induced Terminations
5. Contraceptive Histo	ory	16. Mo	Univer IQ ,PM et Race	by IBRANCY ril Contrac	120			(Pravious Induced Terminations Ignancy
	ory	16. 140	Universite IO, PMI II. Onu F	ky IBHANCY ril Contrac W	0.	injecilier:		
5. Contraceptive Histo	ory time of programs	16. 140	Univer IQ ,PM et Race	ky IBHANCY ril Contrac W	0.		of Pri	
5. Contraceptive Histo	ory time of programsy where programsy	16. Mo	Universite IO, PMI II. Onu F	ky IBHANCY ril Contrac W	0.	injecilier:	of Pri	Ignency Day of Lest Menetual Period
5. Contraceptive Histo 1. Practised up to 2. Discontinued is	ory time of programsy where programsy	16. Mo	Universite In Cred F 2. Const	ky IBHANCY ril Contrac W	0.	injecilier:	of Pri	ignericy
5. Contraceptive Histo 1. Practised up to 2. Olecontinued to 2. Mener practices	ory time of programos altere programos d		Universite In Cred F 2. Const	ky IBHANCY ril Contrac W	0.	injecilier:	of Pri	Ignency Day of Lest Menetual Period
5. Contraceptive Histo 1. Practised up to 2. Olecontinued to 2. Never practices	ory time of programos altere programos d		Universite In Cred F 2. Const	ky IBHANCY ril Contrac W	0.	injecilier:	of Pri	Ignency Day of Lest Menetual Period
5. Contraceptive Histo 1. Practised up to 2. Olecontinued to 2. Mener practices	ory time of programoy altere programoy d to terminate pro	IS NO	(Inven 42,744 41 Race 1. One F 2. Cond 3. KUD	ay IBRANCY ril Contrac W on	04	hjedikri Others	of Pri	Day of Less Menetrual Period
S. Contraceptive Heat I. Practised up to 2. Olecontributed to 3. Never practices B. Reason for request II. UniversitedDec 2. Enough childre 2. Enough childre	ory Ilme of programcy alter programcy d I to terminate pro orcedWidowed pr	PLANNE 16. Mo 19. Mo	Univer 10,744 at Ract 1. One F 2. Cont 3. IUD tready h ready h	ay IBIKANCY II Contrac Vi II II Contrac Vi Vi II II Contrac Vi Vi II II Contrac Vi Vi II II Contrac Vi Vi II Contrac Vi Vi II Contrac Vi Vi II Contrac Vi Vi Vi Contrac Vi Vi Vi Vi Vi Vi Vi Vi Vi Vi Vi Vi Vi	04	hjedikri Others	of Pri	Day of Less Menetrual Period
5. Contraceptive Hest 1. Practised up to 2. Olecontinued b 3. Never practice: 9. Reason for request 1. Unmarried/Dwe 2. Encode childre 3. Cannot alford 4	ory Illine of pregnancy altere pregnancy d 1 to terminate pre orced.Widowed in another child	PLANNE 16. Mo 16. Mo 10. D 10. D	Univer 10,4% at Ract 1. One F 2. Cond 3. IUD tready in tready in tready in tready in	ay IBRUANCY ITI Continuo Iti Iti Iti Continuo Iti Iti Continuo Iti Iti Saluva Iti Saluva Iti Saluva	04 09	Nyedilari Oriveri 	of Pri	Day of Less Menetrual Period
5. Contraceptive Hest 1. Practised up to 2. Olecontinued b 3. Never practice: 8. Reason for request 1. Unmarried/Dwe 2. Encode childre 3. Canvet alford 1 4. Too close to in	ory illine of pregnancy alton programcy d in to terminate pro orced/Widowed in modeur child at pregnancy	PLANNE 16. Mo 16. Mo 16. Mo 16. Mo 16. Mo 16. Co 17. Put 16. Ano 16. Ano 16. Mo 16.	Univer H0,PHI H0,PHI H0,PHI H0,PHI 2. Cont 3. KUD 3. KUD 5. KUD 5. KUD 6. KUD 7. KUD 7	ay IBHANCY III Continuo Yi III III Continuo Yi III III Continuo III IIII III III IIII IIII IIII IIII IIII IIII IIII IIII IIII IIII IIIII IIIII IIIII IIIII IIIII IIIII	04 03	Nyadian Oriver 	of Pa	Day of Less Menetrual Period
5. Contraceptive Hest 1. Practised up to 2. Olecontinued to 3. Herer practisec 8. Reason for request 1. UnmentionTake 2. Enough childre 3. Enough childre 4. Tao does to in PART (II - PARTICUL	ory time of pregniting alove programoy d to terminate pro orced/Widowed in another child al pregnancy MRS OF PRE-TE	PLANNE 16. Mo 16. Mo 16. Mo 16. Mo 16. Mo 16. Co 17. Put 16. Ano 16. Ano 16. Mo 16.	Univer H0,PHI H0,PHI H0,PHI H0,PHI 2. Cont 3. KUD 3. KUD 4. Kut K1 H0 K1	ay IBHANCY III Continuo Yi III III Continuo Yi III III Continuo III IIII III III IIII IIII IIII IIII IIII IIII IIII IIII IIII IIII IIIII IIIII IIIII IIIII IIIII IIIII	04 03	Nyadian Oriver 	of Pa	Day of Less Menetrual Period
5. Contraceptive Hest 1. Practised up to 2. Olecontinued to 3. Herer practisec 8. Reason for request 1. UnmentionTake 2. Enough childre 3. Enough childre 4. Tao does to in PART (II - PARTICUL	ory time of pregniting alove programoy d to terminate pro orced/Widowed in another child al pregnancy MRS OF PRE-TE	PLANNE 16. Mo 16. Mo 16. Mo 16. Mo 16. Mo 16. Co 17. Put 16. Ano 16. Ano 16. Mo 16.	Univer H0,PHI H0,PHI H0,PHI H0,PHI 2. Cont 3. KUD 3. KUD 4. Kut K1 H0 K1	ay IBHANCY III Continuo Yi III III Continuo Yi III III Continuo III IIII III III IIII IIII IIII IIII IIII IIII IIII IIII IIII IIII IIIII IIIII IIIII IIIII IIIII IIIII	04 03	Njediten Orbers 	of Pri 113: First (Inters (lipse)	Day of Less Menetrual Period
5. Contraceptive Hest 1. Practised up to 2. Olecontinued to 3. Never practised 8. Reason for request 1. Unmerrisoffavo 2. Enough childre 3. Cancer alford 1 4. Too close to la CART (III - PARTICUL	ory time of pregnancy alter programcy d to terminate pro orced/Widowed in monther child al pregnancy MRS OF PRE-TE meaking?	PLANNE 16. Mo 16. Mo 16. Mo 16. Mo 16. Mo 16. Co 17. Put 16. Ano 16. Ano 16. Mo 16.	Univer H0,PHI H0,PHI H0,PHI H0,PHI 2. Cont 3. KUD 3. KUD 4. Kut K1 H0 K1	ay IBHANCY III Continuo Yi III III Continuo Yi III III Continuo III IIII III III IIII IIII IIII IIII IIII IIII IIII IIII IIII IIII IIIII IIIII IIIII IIIII IIIII IIIII	04 03	Njediten Orbers 	of Pa	Day of Less Menetrual Period
5. Contraceptive Hest I. Practised up to 2. Olecontinued to 3. Herer practised I. Unmentionther I. Unmentionther 3. Enough childre 4. Teo does to to PART IN - PARTICUL 0. Whether given cou I. Ne (Proceed to	ory time of preprints alone programoy d to terminate pro orced/Widowed pro another child at preprintoy MRS CPT PRE-TE meaking? > Parts fV & V)	PLANNE 16. Mo 16. Mo 16. Mo 16. Mo 16. Mo 16. Co 17. Put 16. Ano 16. Ano 16. Mo 16.	Univer H0,PHI H0,PHI H0,PHI H0,PHI 2. Cont 3. KUD 3. KUD 4. Kut K1 H0 K1	ay IBHANCY III Continuo Yi III III Continuo Yi III III Continuo III IIII III III IIII IIII IIII IIII IIII IIII IIII IIII IIII IIII IIIII IIIII IIIII IIIII IIIII IIIII	04 03	Njediten Orbers 	of Pri 113: First (Inters (lipse)	Day of Less Menetrual Period
5. Contraceptive Hest I. Practised up to 2. Olecontinued to 3. Herer practised I. Unmentionther I. Unmentionther 3. Enough childre 4. Teo does to to PART IN - PARTICUL 0. Whether given cou I. Ne (Proceed to	ory time of preprints alone programoy d to terminate pro orced/Widowed pro another child at preprintoy MRS CPT PRE-TE meaking? > Parts fV & V)	PLANNE 16. Mo 16. Mo 16. Mo 16. Mo 16. Mo 16. Co 17. Put 16. Ano 16. Ano 16. Mo 16.	Univer H0,PHI H0,PHI H0,PHI H0,PHI 2. Cont 3. KUD 3. KUD 4. Kut K1 H0 K1	ay IBHANCY III Continuo Yi III III Continuo Yi III III Continuo III IIII III III IIII IIII IIII IIII IIII IIII IIII IIII IIII IIII IIIII IIIII IIIII IIIII IIIII IIIII	04 03	Njediten Orbers 	of Pri 113: First (Inters (lipse)	Day of Less Menetrual Period
5. Contraceptive Hest 1. Practised up to 2. Olecontinued is 3. Herer practised 1. UnmarriedTech 1. UnmarriedTech 2. Enough childry 3. Enough childry 3. Enough childry 3. Candidate and the second second second 4. Teo does to is PART 18 - PARTICUL 20. Whether given cou 1. Ne (Proceed to 21. Name of Counsello	ory time of pregnancy altere programcy d to terminate pro orced-Widowed in another child at pregnancy MRS OF PRE-TE meating? Prat IV & V) or	PLANNE 16. Mo 16. Mo 16. Mo 16. Mo 16. Mo 16. Co 17. Put 16. Ano 16. Ano 16. Mo 16.	Univer H0,PHI H0,PHI H0,PHI H0,PHI 2. Cont 3. KUD 3. KUD 4. Kut K1 H0 K1	ay IBHANCY III Continuo Yi III III Continuo Yi III III Continuo III IIII III III IIII IIII IIII IIII IIII IIII IIII IIII IIII IIII IIIII IIIII IIIII IIIII IIIII IIIII		hyodian Ohini 	of Pra 19. First (there ()coci 2. Yee	Ngrency Dey of Less Menetrual Period Day Month Year Ng:
2. Discontinued is 3. Herer practiese 3. Herer practiese 3. Herer practiese 3. Limitation for request 3. Limitation for the second states of a 4. Too does to is DART 11 PARTICUL 20. Whether given could	ory time of pregnancy altere programcy d to terminate pro orced-Widowed in another child at pregnancy MRS OF PRE-TE meating? Prat IV & V) or	PLANNE 16. Mo 16. Mo 16. Mo 16. Mo 16. Mo 16. Co 17. Put 16. Ano 16. Ano 16. Mo 16.	Univer H0,PHI H0,PHI H0,PHI H0,PHI 2. Cont 3. KUD 3. KUD 4. Kut K1 H0 K1	ay IBHANCY III Continuo Yi III III Continuo Yi III III Continuo III IIII III III IIII IIII IIII IIII IIII IIII IIII IIII IIII IIII IIIII IIIII IIIII IIIII IIIII IIIII		hyodian Ohini 	of Pra 19. First (there ()coci 2. Yee	Day of Less Menetrual Period
5. Contraceptive Hest 1. Practised up to 2. Discontinued is 3. Herer practised 3. Herer practised 3. Herer practised 3. Linnamisethory 3. Comparison after a 4. Too does to is PART IN - PARTICUL 20. Whether given cou 1. Ne (Proceed to 21. Name of Counselit	ory time of pregnancy altere programcy d to terminate (m orced/Widowed in module child at pregnancy ARE OF PRE-TE masting? > Pana (V & V) D/ 0	PLANNE 16. Mo 16. Mo 16. Mo 16. Mo 16. Mo 16. Co 17. Put 16. Ano 16. Ano 16. Mo 16.	Univer H0,PHI H0,PHI H0,PHI H0,PHI 2. Cont 3. KUD 3. KUD 4. Kut K1 H0 K1	ay IBHANCY IT Certitue If on the tabuts teles were other i		hyodian Ohini 	of Pra 19. First (there ()coci 2. Yee	Ngrency Dey of Less Menetrual Period Day Month Year Ng:
S. Contraceptive Hest I. Practised up to 2. Olecontinued b 3. Hener practised B. Reason for request I. Unmarried/Dec 3. Connot alford 1 4. Teo close to is PART SIL - PARTICULU 20. Whather given cou 1. Ner (Proceed to 21. Ner of Counseling 22. Date of counseling	ory time of pregnancy altere programcy d to terminate (m orced/Widowed in module child at pregnancy ARE OF PRE-TE masting? > Pana (V & V) D/ 0	PLANNE 16. Mo 16. Mo 16. Mo 16. Mo 16. Mo 16. Co 17. Put 16. Ano 16. Ano 16. Mo 16.	Univer H0,PHI H0,PHI H0,PHI H0,PHI 2. Cont 3. KUD 3. KUD 4. Kut K1 H0 K1	ay IBHANCY IT Certitue If on the tabuts teles were other i		hyodian Ohini 	of Pra 19. First (there ()coci 2. Yee	Ngrency Dey of Less Menetrual Period Day Month Year Ng:

Delete as severally

p. 14 1999 Ed.]

Termination of Pregnancy

Regulations

THE SCHEDULE — continued

4. Result of counselling	25. If undecided, date of seco	nd countrailing 25 Result of se	cond courselling
1. Wents to terminate program		1. Wents	to terminate pregnancy
2. Will continue with pregnance	by Day Month	C	minus with pregnancy
			tum up
ART IN - PARTICULARS ON PE	ENDIT TERMINATION OF PRESM	ANCY	
7. Nature of Operation (Tick one	only. Il combination of methods, ind		all said
Mathody			
1. Menserual Regulation	S. Hypertonic Saline, Unite, Destroa	Saline D1. Genera	
, 2. Vicuum Aspiration	a Hyderotomy	Calles D2 Region	and the second
3. Promoglandin Induced	S s. Others (specify)		
4. Ofeantion and Curatege	the second s	1	
P. Result of Operation - Were the	int any complications?	30. Cale & Plac	e of Operation
	D 2 Yes (Planes stani:		and the second
		Dec	Month Year
	-	Pace	
. Nume of Medical Practitioners	who performed the termination of pre	(THINKY	
	Ideal Preditioner Hospie ST-TERMINATION OF PREGNANCY	COUNSELLING	Date
ART V - PARTICULARS OF POS			
ART V - PARTICULARS OF POS 2. Name of counsellor			
ART V - PARTICULARS OF POS 2. Name of counsellor	ST-TERMINATION OF PREGNANCY Notpeta/Unt/Clinic where countering was done (1) different	35 Result of counselling	
ART V - PARTICULARS OF POS 2. Name of counsellor		35: Result of councelling	D 5. Ingeción
ART V - PARTICULARE OF POS 2. Name of counsellor 3. Date of counselling 34.	ST-TERMINATION OF PREGNANCY Notpeta/Unt/Clinic where countering was done (1) different	35 Assult of counselling	5. Injection
ART V - PARTICULARS OF POS	ST-TERMINATION OF PREGNANCY Notpeta/Unt/Clinic where countering was done (1) different	35. Result of counsoling 1. Relued tamby planning 2. Out PB 2. Condem	5. Injection
ART V - PARTICULARS OF POR 2. Name of counsellor 3. Date of counselling 34. Day Month Year	ST-TERMINATION OF PREGNAMO Hospis/Uni/Clinic where counteding was done (il different from item 23)	35 Assult of counselling	5. Injection
ART V - PAINTICULARE OF POR 2. Name of counsellor 3. Dete of counselling Day Month Year 3. Whether referred to other eger	ST-TERMINATION OF PREGNAMCY HospitalUniCities share counciling was done (1 different from (tem 23) holes for follow-up?	35. Result of counsoling 1. Relued tamby planning 2. Out PB 2. Condem	5. Injection
ART V - PAILTHOULARE OF POR 2. Name of counsellor 3. Date of counselling Day Month Year 34. Day Month Year 34. Day Month Year 34. Day Month Year	ST-TERMINATION OF PREGNAMO Hospis/Uni/Clinic where counteding was done (il different from item 23)	35. Result of counselling 2. One Plant of antity planning 2. One Plant of antity plant of ant	5. Injection
ART V - PAITHEULARE OF POT . Name of counsellor . Date of counselling 34. Day Month Year . Whether referred to other eger	ST-TERMINATION OF PREGNAMCY HospitalUniCities share counciling was done (1 different from (tem 23) holes for follow-up?	35. Result of counselling 2. One Plant of antity planning 2. One Plant of antity plant of ant	5. Injection 6. disetization 9. Othere (specify
ART V - PAINTICULARS OF POR 2. Name of counsellor 3. Date of counselling Day Month Year 3. Whether referred to other agen 1. No 2. v	ST-TERMINATION OF PREGNAMCY Mospita/Unit/Cline where courseling was done (il different from item 23) noise for follow-up? re expectly agency):	35. Result of counselling 2. One Plant of antity planning 2. One Plant of antity plant of ant	5. Injection 6. disetization 9. Othere (specify
ART V - PAINTICULARS OF POR 2. Name of counsellor 3. Date of counselling 3.	ST-TERMINATION OF PREGNANCY Hospital/Uni/Clinic where counted/in was done (II different from rown 23) holes for follow-up? re appedly agency):	25 Result of counselling 15 Result of counselling 1. Refued tamely planning 2. Onl 49 2. Conten 4. NO	S. Injection G. Statestation S. Others (speed)
ART V - PAINTICULARS OF POR ART V - PAINTICULARS OF POR 2. Name of counsellor 3. Date of counselling 3. Date of counsellin	T-TERMINATION OF PREGNANCY HospitalUniCline where counseling was done (il different from item 23) Index follow-up? In expectly agency): I Trons with primary education up to h	25 Result of counselling 15 Result of counselling 1. Refued tamely planning 2. Onl 49 2. Conten 4. NO	S. Injection G. Americanion S. Othere (specify of spythoable
ART V - PAIRTICULARS OF POR ART V - PAIRTICULARS OF POR ART V - PAIRTICULARS OF POR ART V - PAIR	ST-TERMINIATION OF PREGNANCY Hospis/Uni/Clinc where counselling was done (il different from item 23) toles for follow-up? re apactly agency): a some with primary education up to h rooms with primary education up to h	25. Result of counsoling 1. Return of counsoling 2. Out of 2. Conden 4. NO 3. N 3. N	S. Injection G. Switzstion G. Switzstion S. Othere (specify sopticable
ART V - PAUTICULARS OF POT ART V - PAUTICULARS OF POT A Date of counsellor Day Month Year Day Month Year A Whether referred to other ager 1. No 2 x Interaction of Severation Lerro Primary Denotes per includes per Secondary Constant per	ST-TERMINIATION OF PREGNAUCY Hospital/UntiClinic share counseling was done [I different from raw 23] noise for follow-up? re-expectly spency]: 4 reons with primary education up to h rooms with primary education up to h rooms with primary education up to h	COUNSEELENCE S Result of counsoling 1. Relued tenty planning 2. One offer 4. NO 3. N aving passed PSLE but with no e ne received at least some second	S. Injection G. Statestanton G. Statestanton S. Othere topecity of applicable acondary education ar
ART V - PAIRTICULARS OF POR 2. Name of counsellor 3. Date of counselling 3. Date of counselling 3. Date of counselling 34. Day Month Year 8. Whether referred to other ager 1. No 2 x v Insettication of Education Lerro Primary : Denotes per Secondary : Denotes per	ST-TERMINIATION OF PREGNANCY Hospis/Uni/Clinc where counselling was done (il different from item 23) toles for follow-up? re apactly agency): a some with primary education up to h rooms with primary education up to h	COUNSEELENCE S Result of counsoling 1. Relued tenty planning 2. One offer 4. NO 3. N aving passed PSLE but with no e ne received at least some second	S. Injection G. Statestanton G. Statestanton S. Othere topecity of applicable acondary education ar
AATT V - PAINTICULARS OF POT 2. Name of counsellor 3. Date of counselling 3. Date of counselling 3	T-TERMINEATION OF PREGNAUCY Hospital/Unit/Clinic where counted/in ymms clone (II different from tarm 23) tokes for foliow-up? re appedity agency): roms with primary education up to h mons with primary education up to h	OOUHBELLING JS: Result of counselling D. Refueld to counselling D. Refueld tamely planning D. Content	di spiticable
ART V - PAIRTICULARS OF POR 2. Name of counsellor 3. Date of counselling 34. Day Month Year 6. Whether referred to other eger 1. No. 2. v Inselfication of Edwardon Lave Primary : Denotes period. Secondary: : Cenotes period. Vocational Stating at V Training 'O' Lavel : Denotes period.	ST-TERMINIATION OF PREGNAUCY Hospital/UntiClinic share counseling was done [I different from raw 23] noise for follow-up? re-expectly spency]: 4 reons with primary education up to h rooms with primary education up to h rooms with primary education up to h	OOUHBELLING JS: Result of counselling D. Refueld to counselling D. Refueld tamely planning D. Content	S. Injection S. Injection G. disettation S. Othere (specify of applicable acondany education an lary education including
AATT V - PAINTICULARS OF POT 2. Name of counsellor 3. Date of counselling 3. Date of counselling 3	ST-TERMINIA TION OF PREGNAUCY Hospital/Unit/Clinic where counterling was done (II different from ray was core (II different from ray agency): from with primary education up to h raons with agency PSLE and ha locational and industriel Training level from with at least one GLCE. 'O' for	COUNNEELLENG S General S General Counsel Counsel S General Counsel	S. Injection G. Swetcation G. Swetcation S. Othere ispectly of applicable scondary education an lary education ancluding vel perseve in the spec
ART V - PAIRTICULARS OF POR 2. Name of counsellor 3. Date of counselling 3.	ST-TERMINIATION OF PREGNAUCO Hospital/UntiClinic where counteding was done [I different from raw 23] noise for follow-up? re expectly agency): 4 rooms with primary education up to h soms with a least one G.C.E. '0' is soms with al least one G.C.E. '0' is	COUNSEELLING Counseling Counseling Counseling Counseling Counseling Counsel Counseling Counsel Counse	S. Injection G. Shaktanton G. Shaktanton S. Othere (specify sopticable scondary education ar lary eclusation arclustin rel piecese in the spec
ART V - PAIRTICULARS OF POR 2. Name of counsellor 3. Date of counselling 3.	T-TERMINIA TION OF PREGNAUCT Hospital/Unit/Clinic whare countediting was done (II different from tarm 23) totes for follow-up? re apartly agency): roms with primary education up to h mons with primary education some with all asst one G.C.E. 'A' level mons with all least one G.C.E. 'A' level	OUUNBELLING S OUUNBELLING S OUUNBELLING S OUUNBELLING S OUUNBELLING S OUUNBELLING S OUUNBELLING S OUUNBELLING S OUUNBELLING S OUUNBELLING S OUUNBELLING S OUUNBELLING S OUUNBELLING S OUUNBELLING S OUUNBELLING S OUUNBELLING S OUUNBELLING S OUUNBELLING S OUUNBEL	S. Injection G. Shaktanton G. Shaktanton S. Othere (specify sopticable scondary education ar lary eclusation arclustin rel piecese in the spec
ART V - PAIRTICULARS OF POR ART V - PAIRTICULARS OF POR 2. Name of counsellor 3. Date of counsellor 3. Date of counselling 3. Date of counselling	ST-TERMINIA TION OF PREGNAUCT Hospiel/Unit/Clinic where counted/in was done (I different from room 23) noise for follow-up? re-expectly agency): froms with primary education up to h mons with primary education up to h mons with primary education up to h mons with no formal education intons with no formal education intons with no formal education intons with no formal education intons with no formal education up to h mons with a least one G.C.E. (X' level mod by the Singapore Polysecholo, higher forms with al least one G.C.E. (X' level mod by the Singapore Polysecholo, higher ther courses all upper secondary level	OUUNBELLING S Pecul of counselling S Pecul of counselling 1. Refued tamey planning 2. Onl PB 3. Coden 4. NO 3. N eveng passed PSLE but with no s net received at least some second net received at least some second Net pass. State number of 10' la pass. Il includes persons who have pers Arm Polytechnic, candicate co	S. Injection S. Injection G. Statistication S. Others (specify statistic specify) of applicable scondary education encluding tell polytopic in the spec successfully complete unsee in leacher Intering
ART V - PAIRTICULARS OF POR ART V - PAIRTICULARS OF POR 2. Name of counsellor 3. Date of counsellor 3. Date of counselling 3. Date of counselling	T-TERMINIA TION OF PREGNAUCT Hospital/Unit/Clinic whare countediting was done (II different from tarm 23) totes for follow-up? re apartly agency): roms with primary education up to h mons with primary education some with all asst one G.C.E. 'A' level mons with all least one G.C.E. 'A' level	OUUNBELLING S Pecul of counselling S Pecul of counselling 1. Refued tamey planning 2. Onl PB 3. Coden 4. NO 3. N eveng passed PSLE but with no s net received at least some second net received at least some second Net pass. State number of 10' la pass. Il includes persons who have pers Arm Polytechnic, candicate co	d. Injection d

FORM VII

Regulation 5(3)

	Termination of Pregn	•		
Cap. 324, Rg 1]	Regulations		[1999 Ed.	p. 1
	THE SCHEDULE — co	ntinued		
CONFIDENTIAL	FORM VII		Regulation	5 (3)
TER	MINATION OF PREGNA (CHAPTER 324)	NCY ACT		
TERMINA	TION OF PREGNANCY	REGULATIO	NS	
C	ERTIFICATE OF ATTEN	DANCE		
	This is to certify that:	ļ		
9 <u>1</u>		born on		
15.* (S-20)	ame)		Date of Birth	
		has attended	the counsel	ling
	ficate/NRIC/Passport No.) by regulation 5 (2) of the	e Termination	of Pregna	ancy
	(Date)		_	
(Name and Desig	gnation)	(5	ignature)	

[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
9.		Termination of Pregnancy (Amendment) Regulations 2013
	Date of commencement	: 1 August 2013