

Requested version was 10 Feb 2011; Closest available version is 01 Jul 2003; Generated on 10 Feb 2011 09:38:33(GMT+8).

Front Page

[Jump to: [Front Page](#) / [Arrangement of Provisions](#) / [Actual Provisions](#)]

TERMINATION OF PREGNANCY ACT

(CHAPTER 324, SECTION 11)

TERMINATION OF PREGNANCY REGULATIONS

History	S 244/87	->	REVISEDITION 1990	->	REVISEDITION 1999 RG 1
----------------	----------	----	----------------------	----	------------------------------

[1st October 1987]

Arrangement of Provisions

[Jump to: [Front Page](#) / [Arrangement of Provisions](#) / [Actual Provisions](#)]

- [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

Actual Provisions

[Jump to: [Front Page](#) / [Arrangement of Provisions](#) / [Actual Provisions](#)]

TERMINATION OF PREGNANCY ACT

(CHAPTER 324, SECTION 11)

TERMINATION OF PREGNANCY REGULATIONS

[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) 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

Regulation 2 (1)

FORM 1

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/Ms/Ms*)	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	
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		Qualifications	
(1)			
(2)			
(3)			
3.4 Name of certified Termination of Pregnancy consultants		Qualifications	
(1)			
(2)			
SECTION 4 — FACILITIES AND EQUIPMENT			
	Item	Total Number	
(a)	Recovery beds		
(b)	Major and Minor Operating Theatres		
(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 instruments	Yes/No	
(i)	Alternate light source in the event of power 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
<input type="checkbox"/> 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. <i>Please note that MOH will contact you, if we require any additional information for your licence application.</i>

*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:

(1) Medical Qualifications:

(2) Duration of Obstetric and Gynaecological experience in a 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

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

(Name of authorised medical practitioner)

of _____
(Hospital/Approved Institution)

at _____
(Address)

I also consent to such further alternative operative measures as may be found
necessary during the course of the operation and to the administration of
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 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**

I _____
(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:

2. Counsellors:

<i>Name</i>	<i>Qualifications</i>
_____	_____
_____	_____
_____	_____
_____	_____

3. Audio-visual equipment for screening of counselling materials:

(a) Number of television sets: _____

(b) Number of video cassette recorders: _____

I am prepared to give all facilities to any public officer of the Ministry of Health to enter and inspect my clinic and to answer any questions that may be put to me.

Dated this _____ day of _____ 19____

Signature

Designation

FORM VI

Regulation 9

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

TERMINATION OF PREGNANCY REGULATIONS

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

Note: This form must be completed and submitted to the Director of Medical Services within 30 days of:
a) Pre-abortion counselling, if no abortion was done b) post-abortion counselling, if an abortion was done

PART I - PARTICULARS OF PREGNANT WOMAN

1. Name as shown in NRIC/Passport

--

2. Registration No. (UIN/FIN*) (to include the prefix alphabet & check digit)	3. Date of Birth Day Month Year	4. Citizenship <input type="checkbox"/> 1. Singaporean <input type="checkbox"/> 2. Malaysian <input type="checkbox"/> 3. Others	5. If not Singapore Citizen (a) Date Commenced Residence in Singapore Day Month Year (b) Woman's Work Perm No.
----------------------------------------------------------------------------------	------------------------------------	------------------------------------------------------------------------------------------------------------------------------------------	-------------------------------------------------------------------------------------------------------------------------

6. Ethnic Group <input type="checkbox"/> 1. Chinese <input type="checkbox"/> 2. Malay <input type="checkbox"/> 3. Indian/Pakistani <input type="checkbox"/> 4. Others	7. Marital Status <input type="checkbox"/> 1. Single <input type="checkbox"/> 2. Steady/Engaged <input type="checkbox"/> 3. Married <input type="checkbox"/> 4. Div/sep/Wid	8. Educational Level (please see overseas) <input type="checkbox"/> 1. Primary <input type="checkbox"/> 2. Secondary/Vocational <input type="checkbox"/> 3. 'O' Level No. (please specify) <input type="checkbox"/> 4. 'A' Level <input type="checkbox"/> 5. University	9. Activity Status <input type="checkbox"/> 1. Working (time) <input type="checkbox"/> 2. Working p/time <input type="checkbox"/> 3. Not working <input type="checkbox"/> 4. Student	10. Occupation (for working persons only)
-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-------------------------------------------

11. Is Husband a Singaporean/ Work Permit/Employment Pass Holder? ** <input type="checkbox"/> 1. No <input type="checkbox"/> 2. Yes	12. Husband's Educational Level (please see overseas) <input type="checkbox"/> 1. Primary <input type="checkbox"/> 2. Secondary/Vocational <input type="checkbox"/> 3. 'O' Level No. (please specify) <input type="checkbox"/> 4. 'A' Level <input type="checkbox"/> 5. University	13. Combined Income Per Month (including income of husband) \$ <table style="display: inline-table; border: 1px solid black;"> <tr> <td style="width: 20px; height: 15px;"></td> <td style="width: 20px; height: 15px;"></td> <td style="width: 20px; height: 15px;"></td> <td style="width: 20px; height: 15px;"></td> </tr> </table>				
		14. No. of Living Children <table style="display: inline-table; border: 1px solid black;"> <tr> <td style="width: 20px; height: 15px;"></td> <td style="width: 20px; height: 15px;"></td> </tr> </table>				

PART II - PARTICULARS OF FAMILY PLANNING/PREGNANCY

15. Contraceptive History <input type="checkbox"/> 1. Practised up to time of pregnancy <input type="checkbox"/> 2. Discontinued before pregnancy <input type="checkbox"/> 3. Never practised	16. Most Recent Contraceptive Method Used <input type="checkbox"/> 1. Oral Pill <input type="checkbox"/> 4. Injection <input type="checkbox"/> 2. Condom <input type="checkbox"/> 5. Others <input type="checkbox"/> 3. IUD	17. No. of Previous Induced Terminations of Pregnancy <table style="display: inline-table; border: 1px solid black;"> <tr> <td style="width: 20px; height: 15px;"></td> <td style="width: 20px; height: 15px;"></td> </tr> </table>			
		18. First Day of Last Menstrual Period Day Month Year <table style="display: inline-table; border: 1px solid black;"> <tr> <td style="width: 20px; height: 15px;"></td> <td style="width: 20px; height: 15px;"></td> <td style="width: 20px; height: 15px;"></td> </tr> </table>			

19. Reason for request to terminate pregnancy

<input type="checkbox"/> 1. Unmarried/Divorced/Widowed	<input type="checkbox"/> 5. Not ready to start a family	<input type="checkbox"/> 9. Others (specify): _____
<input type="checkbox"/> 2. Enough children	<input type="checkbox"/> 6. Contraceptive failure	
<input type="checkbox"/> 3. Cannot afford another child	<input type="checkbox"/> 7. Rubella Infection	
<input type="checkbox"/> 4. Too close to last pregnancy	<input type="checkbox"/> 8. Medical reasons other than Rubella	

PART III - PARTICULARS OF PRE-TERMINATION OF PREGNANCY COUNSELLING

20. Whether given counselling?
 1. No (Proceed to Parts IV & V) 2. Yes

21. Name of Counsellor

--

22. Date of counselling Day Month Year <table style="display: inline-table; border: 1px solid black;"> <tr> <td style="width: 20px; height: 15px;"></td> <td style="width: 20px; height: 15px;"></td> <td style="width: 20px; height: 15px;"></td> </tr> </table>				23. Hospital/Unit/Clinic where the counselling was done

* UIN (Unique Identification Number) refers to the NRIC Number for Singapore citizens (pink) and permanent residents (blue). FIN refers to the Foreign Identification Number for foreigners.

** Delete as necessary.

PART III (Cont'd)

<p>24. Result of counselling</p> <p><input type="checkbox"/> 1. Wants to terminate pregnancy</p> <p><input type="checkbox"/> 2. Will continue with pregnancy</p> <p><input type="checkbox"/> 3. Undecided</p>	<p>25. If undecided, date of second counselling</p> <p style="text-align: center;">Day Month Year</p> <p style="text-align: center;"> <input type="text"/> <input type="text"/> <input type="text"/> </p>	<p>26. Result of second counselling</p> <p><input type="checkbox"/> 1. Wants to terminate pregnancy</p> <p><input type="checkbox"/> 2. Will continue with pregnancy</p> <p><input type="checkbox"/> 3. Did not turn up</p>
---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

PART IV - PARTICULARS ON PRESENT TERMINATION OF PREGNANCY

<p>27. Nature of Operation (Tick one only. If combination of methods, indicate Principal Method)</p> <p><input type="checkbox"/> 1. Menstrual Regulation</p> <p><input type="checkbox"/> 2. Vacuum Aspiration</p> <p><input type="checkbox"/> 3. Prostaglandin Induced</p> <p><input type="checkbox"/> 4. Oestrogen and Curettage</p> <p><input type="checkbox"/> 5. Hypertonic Saline, Urea, Dextrose Saline</p> <p><input type="checkbox"/> 6. Hysterotomy</p> <p><input type="checkbox"/> 7. Others (specify): _____</p>	<p>28. Type of Anaesthetics</p> <p><input type="checkbox"/> 1. General</p> <p><input type="checkbox"/> 2. Regional/Local</p> <p><input type="checkbox"/> 3. Nil</p>
<p>29. Result of Operation - Were there any complications?</p> <p><input type="checkbox"/> 1. No</p> <p><input type="checkbox"/> 2. Yes (Please state): _____</p>	<p>30. Date & Place of Operation</p> <p style="text-align: center;">Day Month Year</p> <p>Date: <input type="text"/> <input type="text"/> <input type="text"/></p> <p>Place: _____</p>

31. Name of Medical Practitioner who performed the termination of pregnancy.

Name and Signature of Medical Practitioner	Hospital/Unit/Clinic	Date
--------------------------------------------	----------------------	------

PART V - PARTICULARS OF POST-TERMINATION OF PREGNANCY COUNSELLING

32. Name of counsellor

<p>33. Date of counselling</p> <p style="text-align: center;">Day Month Year</p> <p style="text-align: center;"> <input type="text"/> <input type="text"/> <input type="text"/> </p>	<p>34. Hospital/Unit/Clinic where counselling was done (If different from item 23)</p> <p style="text-align: center;"> <input type="text"/> </p>	<p>35. Result of counselling</p> <p><input type="checkbox"/> 1. Refused family planning</p> <p><input type="checkbox"/> 2. Oral Pill</p> <p><input type="checkbox"/> 3. Condom</p> <p><input type="checkbox"/> 4. IUD</p> <p><input type="checkbox"/> 5. Injection</p> <p><input type="checkbox"/> 6. Sterilization</p> <p><input type="checkbox"/> 7. Others (specify): _____</p>
--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--------------------------------------------------------------------------------------------------------------------------------------------------	------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

36. Whether referred to other agencies for follow-up?

1. No

2. Yes (specify agency): _____

3. Not applicable

- Classification of Education Level**
1. **Primary** : Denotes persons with primary education up to having passed PSLE but with no secondary education and includes persons with no formal education.
 2. **Secondary/ Vocational Training** : Denotes persons who have passed PSLE and have received at least some secondary education including training at Vocational and Industrial Training level.
 3. **'O' Level** : Denotes persons with at least one G.C.E. 'O' level pass. State number of 'O' level passes in the space provided.
 4. **'A' Level** : Denotes persons with at least one G.C.E. 'A' level pass. It includes persons who have successfully completed courses offered by the Singapore Polytechnic, Ngee Ann Polytechnic, certificate courses in teacher training, nursing or other courses at upper secondary level.
 5. **University** : Denotes university degree holders or persons with recognized professional qualifications.
- MD 132A

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) *(Date of Birth)*

holder of _____ has attended the counselling
(Birth Certificate/NRIC/Passport No.)

session, as required by regulation 5 (2) of the Termination of Pregnancy
Regulations on _____
(Date)

*(Name and Designation)*_____
(Signature)

[G.N. Nos. S 244/87; S 188/88; S486/91; S 239/97]

[Jump to: [Front Page](#) / [Arrangement of Provisions](#) / [Actual Provisions](#)]