

CERTIFICATION

Each item on this certification form must be reviewed. The woman should place her initials beside each statement and sign the bottom of the form.

I certify that the following information was presented to me, at least 24 hours prior to the abortion, by the physician who is to perform the abortion or by the referring physician:

- the name of the physician who will perform the abortion;
- the particular medical risks associated with the particular abortion procedure to be employed; including when medically accurate:
 - the risk of infection and hemorrhage;
 - the potential danger to subsequent pregnancy and of infertility; and
 - the possibility of increased risk of breast cancer following an induced abortion and the natural protective effect of a completed pregnancy in avoiding breast cancer.
- the probable gestational age of the unborn child at the time the abortion is to be performed; and
- the medical risks associated with carrying the child to term.

The physician who is to perform the abortion or the physician's agent has informed me that:

- medical assistance benefits may be available for prenatal care, childbirth, and neonatal care;
- the father is liable for assistance in the support of the child without regard to whether the father has offered to pay for the abortion;
- public and private agencies provide pregnancy prevention counseling and medical referrals for obtaining pregnancy prevention medications or devices; and

I have also been informed that:

- I have the right to review the printed materials prepared by the Texas Department of Health entitled the "A Woman's Right to Know" booklet and the resource directory, which describe the unborn child and list agencies that offer alternatives to abortion, and that those materials must be given to me if I choose to view them;
- "A Woman's Right to Know" booklet and resource directory are also accessible on an Internet website sponsored by the department.

I made the following choice (choose one of the following):

- I requested and was provided a printed copy of "A Woman's Right to Know" booklet and the resource directory.
- I chose to review the "Woman's Right to Know" materials on this website.
- I declined the informational materials.

Signature

Date

Printed Name