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

2. In these regulations "Director" means the Director of Medical and Health Services.

3. (1) An opinion referred to in section 47A of the Ordinance shall be certified in Form 1, Form 2 or Form 2A in the Schedule, as may be appropriate.

   (2) A certificate of an opinion referred to in section 47A(1) of the Ordinance shall be given before the commencement of the treatment for the termination of the pregnancy to which it relates.

   (3) A certificate of an opinion referred to in section 47A(2C) or 47A(4) of the Ordinance shall be given before the commencement of the treatment for the termination of the pregnancy to which it relates or, if that is not reasonably practicable, not later than 24 hours after such termination.

   (4) Any certificate referred to in paragraphs (2) and (3) shall be preserved by the medical practitioner who terminated the pregnancy to which it relates for a period of 5 years beginning with the date of such termination and may then be destroyed.

4. A medical practitioner who terminates a pregnancy shall, not later than 3 days after the termination, complete Form 3 in the Schedule and send it in a sealed envelope to the Director.

5. Any information furnished to the Director in pursuance of these regulations shall not be disclosed except—

   (a) for the purposes of carrying out his duties, to an officer of the Medical and Health Department authorized by the Director;

   (b) for the purposes of carrying out his duties in relation to offences against the Ordinance, to the Attorney General or a member of his staff authorized by him;

   (c) for the purposes of investigating whether an offence has been committed against the Ordinance, to the Commissioner of Police or a police officer authorized by him;

   (d) for the purposes of criminal proceedings which have begun;

   (e) for the purposes of bona fide scientific research;

   (f) to the medical practitioner who terminated the pregnancy; and

   (g) to a medical practitioner, with the consent in writing of the woman whose pregnancy was terminated.
6. Any person who contravenes any provision of regulation 3, 4 or 5 shall be guilty of an offence and shall be liable on conviction to a fine of $2,000.

SCHEDULE

FORM 1

CONFIDENTIAL

Not to be destroyed within five years of the date of operation

OFFENCES AGAINST THE PERSON ORDINANCE

(Chapter 212)

CERTIFICATE TO BE COMPLETED IN RELATION TO THE TERMINATION OF A PREGNANCY UNDER SECTION 47A(1) OF THE ORDINANCE

1. the continuance of the pregnancy would involve risk to the life of the pregnant woman greater than if the pregnancy were terminated;
2. the continuance of the pregnancy would involve risk of injury to the physical or mental health of the pregnant woman greater than if the pregnancy were terminated;
3. there is a substantial risk that if the child were born, it would suffer from such physical or mental abnormality as to be seriously handicapped.

This certificate of opinion is given before the commencement of the treatment for the termination of the pregnancy to which it relates.

Signed ........................................  Date ........................................
Signed ........................................  Date ........................................

Note: For termination of a pregnancy in emergency under section 47A(4) and termination of a pregnancy of more than 24 weeks duration under section 47A(2C) of the Ordinance, use respectively Form 2 and Form 2A.
表格一

(中斷妊娠規例第三條)

機密

本文件由施行手術之日起五年內不得毀滅

侵害人身罪條例
(香港法例第二二章)

根據條例第四十七 A 條第(1)款施行中斷妊娠手術所須填寫之證明書

本人……………………………………………………………………………………………………

(用楷書填寫醫生姓名及學歷)

地址為……………………………………………………………………………………………………

(醫生之詳細地址)

……………………………………………………………………………………………………

與……………………………………………………………………………………………………

(用楷書填寫醫生姓名及學歷)

地址為……………………………………………………………………………………………………

(醫生之詳細地址)

……………………………………………………………………………………………………

茲證明：余等本於至誠，認為孕婦

……………………………………………………………………………………………………

(用楷書填寫孕婦全名)

地址為……………………………………………………………………………………………………

(用楷書填寫孕婦通常居住之地址)

……………………………………………………………………………………………………

其妊娠情況如下——

一、 該孕婦如繼續懷孕，對性命所造成之危險較中斷妊娠為大；

二、 該孕婦如繼續懷孕，身體或精神所受之損害較中斷妊娠為大；

三、 如讓嬰兒誕生，則該嬰兒大有可能身體或精神不健全而致嚴重傷殘。

本意見證明書係於施行中斷妊娠手術前簽發。

簽署………………………………………………日期……………………………………

………………………………………………日期……………………………………

注：如根據侵害人身罪條例第四十七 A 條第(2)款而在危急情況下施行中斷妊娠手術或根據該條例第四十七 A 條第(2 C)款為懷孕超過二十四個星期之婦女施行中斷妊娠手術，請分別用表格二及表格三甲頒報。
CONFIDENTIAL

Not to be destroyed within five years of the date of operation

OFFENCES AGAINST THE PERSON ORDINANCE
(Chapter 212)

CERTIFICATE TO BE COMPLETED IN RELATION TO THE TERMINATION OF A PREGNANCY IN EMERGENCY UNDER SECTION 47A(4) OF THE ORDINANCE

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

of .................................................................
(Full address of practitioner)

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

of .................................................................
(Full address of practitioner)

(*Delete as appropriate)

hereby certify that we are of the opinion, formed in good faith, that it is immediately necessary to terminate the pregnancy of .................................................................
(Full name of pregnant woman in block capitals)

of .................................................................
(Civil status of address of pregnant woman in block capitals)

in order—

1. to save the life of the pregnant woman; or
2. to prevent grave permanent injury to the physical or mental health of the pregnant woman.

This certificate of opinion is given—

A. before the commencement of the treatment for the termination of the pregnancy to which it relates;
or, if that is not reasonably practicable, then
B. not later than 24 hours after such termination.

Signed ................................................................. Date .................................................................

Signed ................................................................. Date .................................................................
表格二
（中斷妊娠規例第三條）

機密

本文件由施行手術之日起五年內不得毀滅

侵害人身罪條例
（香港法例第二二三章）

根據條例第四十七 A 條第(4)款在危急情況下施行
中斷妊娠手術所需填寫之證明書

本人 ........................................................................................................................................
（用楷書塗寫醫生姓名及學歷）

地址為 ...................................................................................................................................
（醫生之詳細地址）

與 ...........................................................................................................................................
（用楷書塗寫醫生姓名及學歷）

地址為 ...................................................................................................................................
（醫生之詳細地址）

茲證明：余等本於重誠之民心為希望即為孕婦

........................................................................................................................................
（用楷書塗寫孕婦全名）

地址為 ...................................................................................................................................
（用楷書塗寫孕婦通常居住之地址）

施行中斷妊娠手術，以——

一、挽救孕婦之性命；或

二、防止孕婦身體或精神遭受永久性之嚴重損害。

本意見證明書係於——

甲、施行中斷妊娠手術前簽發；
或如當時實際情況不許可，則於

乙、施行中斷妊娠手術後二十四小時內簽發。

簽署................................................................. 日期.................................................................

簽署................................................................. 日期.................................................................
CONFIDENTIAL

Not to be destroyed within five years of the date of operation

OFFENCES AGAINST THE PERSON ORDINANCE
(Chapter 212)

CERTIFICATE TO BE COMPLETED IN RELATION TO THE TERMINATION
OF A PREGNANCY OF MORE THAN 24 WEEKS DURATION UNDER
SECTION 47A(2C) OF THE ORDINANCE

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

of .................................................................
(Full address of practitioner)

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

of .................................................................
(Full address of practitioner)

(*Delete as appropriate)

hereby certify that we are* of the opinion, formed in good faith, that it is*

necessary to terminate the pregnancy of .......................................................

(Full name of pregnant woman in block capitals)

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

in order to save the life of the pregnant woman.

This certificate of opinion is given—

A. before the commencement of the treatment for the termination of the
pregnancy to which it relates;

or, if that is not reasonably practicable, then

B. not later than 24 hours after such termination.

Signed ........................................... Date ...........................................

Signed ........................................... Date ...........................................
機密

本文件由施行手術日期起五年內不得毀滅

危險人罪條例
（香港法例第二一三章）

根據條例第四十七 A 條第( 2 C )款為懷孕超過二十四個星期之
婦女施行中斷妊娠手術所須塡寫之證明書

本人

（用楷書塡寫醫生姓名及學歷）

地址為

（醫生之詳細地址）

與

（用楷書塡寫醫生姓名及學歷）

地址為

（醫生之詳細地址）

兹證明：余等本於至誠，認為必須為懷孕


（用楷書塡寫懷婦全名）

地址為

（用楷書塡寫懷婦通常居住之地址）

進行中斷妊娠手術，以挽救其性命。

本意見證明書係於——

甲、施行中斷妊娠手術前簽發；
或如當時實際情況不許可，則於

乙、施行中斷妊娠手術後二十四小時內簽發。

簽署.................................................. 日期..................................................

簽署.................................................. 日期..................................................
OFFENCES AGAINST THE PERSON ORDINANCE
(Chapter 212)

HEALTH
NOTIFICATION TO THE DIRECTOR OF MEDICAL AND HEALTH SERVICES
OF THE TERMINATION OF A PREGNANCY UNDER SECTION 47A
OF THE ORDINANCE

FORM 3
[reg. 4.]

CONFIDENTIAL

A. (To be completed in all cases)

(Name and qualifications of practitioner in block capitals)

of .................................................................

(Full address of practitioner)

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

(Full name of pregnant woman in block capitals)

of .................................................................

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

at ..................................................................................

on ........................................ (date) at .............................. (time).

The termination of the pregnancy was certified as necessary because—

1. the continuance of the pregnancy would have involved risk to the life of the pregnant woman greater than if the pregnancy were terminated;

2. the continuance of the pregnancy would have involved risk of injury to the physical or mental health of the pregnant woman greater than if the pregnancy were terminated;

3. there was a substantial risk that if the child had been born, it would have suffered from such physical or mental abnormality as to be seriously handicapped.

IN CASE OF EMERGENCY where the termination of pregnancy is not carried out in a hospital or clinic maintained by the Crown or in an approved hospital or clinic

The termination of the pregnancy was certified as immediately necessary—

1. to save the life of the pregnant woman; or

2. to prevent grave permanent injury to the physical or mental health of the pregnant woman.

The circumstances giving rise to the emergency and relating to the termination of the pregnancy were—

Include details of the pregnant woman's medical condition.
IN CASE OF TERMINATION OF PREGNANCY OF MORE THAN 24 WEEKS DURATION

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

The circumstances relating to the termination of the pregnancy were—

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

Signature of practitioner who terminated pregnancy—

(To be completed in all cases)

Particulars of certifying medical practitioners—

A. Name .................................................................
Address .................................................................
Qualifications .........................................................

B. Name .................................................................
Address .................................................................
Qualifications .........................................................

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

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

Other information relating to the termination of pregnancy—

1. Maiden name of woman ........................................
2. Date of birth of woman ...........................................
3. Marital status of woman—
   (a) Single
   (b) Married
   (c) Widowed
   (d) Divorced or separated
   (e) Not known
3. Occupation of woman ............................................
5. Occupation of husband, if woman is married ................
6. Date of woman's last menstrual period ........................

(To be completed in all cases)

(Ring appropriate letter)
7. Previous pregnancies of woman—
   (a) Number of live-births ........................................
   (b) Number of still births ......................................
   (c) Number of pregnancies terminated .......................  
   (d) If applicable, date of last termination of pregnancy under the Offences against the Person Ordinance—

8. Number of woman’s existing children ..........................

9. Date of admission to place of termination of pregnancy—

10. Date of discharge from place of termination of pregnancy—

11. Was the terminated pregnancy that of a woman impregnated before attaining the age of 16 years?
    
    Yes  No
    
    If “Yes”, give an estimate of her age at the time of impregnation.
    
    Estimate ..................................................

12. Was the terminated pregnancy that of a woman who had made a report to a police officer, that she had been the victim of an alleged offence under section 47 (which relates to incest), 118 (which relates to rape), 119 (which relates to intercourse procured by threats), 120 (which relates to intercourse procured by false pretences) or 121 (which relates to intercourse procured by drugs) of the Crimes Ordinance within a period not exceeding 3 months after the date upon which she alleged that any such offence was committed?
    
    Yes  No
    
    If “Yes”, give the name of the alleged offence, the date that it was alleged to have been committed, the date and place of report to the police—
    
    (a) Name of alleged offence ..................................
    (b) Date of alleged offence ..................................
    (c) Date of report to police ..................................
    (d) Place of report to police ..................................

13. Medical condition of woman—
    
    (a) Obstetric disease (specify) ............................
    (b) Non-obstetric disease (specify) .......................  

14. Type of termination of pregnancy—
    
    (a) Dilation and evacuation ..................................  
    (b) Hysterotomy-abdominal ................................
    (c) Hysterotomy-vaginal ....................................
    (d) Hysterectomy-abdominal .................................
    (e) Hysterectomy-vaginal ...................................
    (f) Vacuum aspiration ........................................
    (g) Other (specify) ...........................................
15. Was sterilization performed?
   Yes  No

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

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

Note: This form is to be completed by the operating medical practitioner and sent in a sealed and confidential envelope not later than 3 days after the termination of the pregnancy to the Director of Medical and Health Services, Medical and Health Department, Hysan Avenue, Hong Kong.
如屬危急情況而中斷妊娠手術乃並非在政府醫院或診所或認可醫院或診所進行

必須立即施行該項手術之理由業經證明為——

一、挽救孕婦之性命；

二、防止孕婦之身體或精神遭受永久性之嚴重損害。

造成此危急情況而與該項手術有關之原因為——

( 填寫孕婦之詳細健康狀況 )

如屬懷孕超過二十四個星期之婦女施行中斷妊娠手術

該項手術業經證明為挽救孕婦之性命而必須施行者。

與該項手術有關之情形為——

( 填寫孕婦之詳細健康狀況 )

施行中斷妊娠手術之醫生簽署——

簽署證明書醫生略歷——

甲、姓名

地址

學歷

乙、姓名

地址

學歷

有關上述中斷妊娠手術之其他資料——

一、孕婦本身姓名

二、孕婦出生成日期

三、孕婦婚姻狀況——

a. 未婚   b. 已婚   c. 寡婦

d. 離婚或分居   e. 不明

四、孕婦職業

五、如孕婦已婚，則填寫丈夫職業

六、孕婦上次月經日期

七、孕婦過去妊娠情況——

a. 活產次數

b. 死產次數

c. 中斷妊娠次數

d. 如曾根據侵害人身罪條例中斷妊娠，則註明上次施行手術之日期
八、 孕婦現有子女人數…………………………………………………………………………………………

九、 進入接受中斷妊娠手術地方之日期……………………………………………………………………

十、 隔開接受中斷妊娠手術地方之日期……………………………………………………………………

十一、是否為年未滿十六歲而懷孕之婦人施行中斷妊娠手術？（圈出適當答案）

是／否
如答案屬「是」，列出受孕時之大約年齡。
約……………………………歲

十二、接受中斷妊娠之婦人是否已向警方報案，聲稱其乃刑事罪案例第四十七條（關於亂倫）、第八條（關於強姦）、第二十九條（關於強姦）、第二十條（關於誘姦）或第二十條（關於通姦）所指案件之受害人，而其已於所稱罪案發生後不超過三個月內向警方投報？（圈出適當答案）

是／否
如答案屬「是」，列出所稱罪案之名稱，犯案日期及向警方報案之日期及地點——

a. 所稱罪案之名稱……………………………………………………………………

b. 犯案日期…………………………………………………………………………

c. 向警方報案日期……………………………………………………………………

d. 報案地點…………………………………………………………………………

十三、 孕婦健康情況——

a. 患有產科病（註明何種病）……………………………………………………

b. 患有非產科病（註明何種病）………………………………………………

十四、所施行之中斷妊娠手術——（圈出一項適當者）

a. 子宮擴張及清刮術

b. 剖腹子宮切開術

c. 陰道子宮切開術

d. 剖腹子宮切除術

e. 陰道子宮切除術

f. 真空吸除術

g. 其他（註明何種手術）…………………………………………………………

十五、有無施行絕育手術？（圈出一項適當者）

有／無

十六、在發出此通知書前，婦女有無發生併發症或死亡？（圈出一項適當者）

a. 無

b. 廢毒病

c. 出血

d. 死亡

e. 其他（註明病症）………………………………………………………………

十七、子宮切除後，則注明死因——

…………………………………………………………………………………………

註：本表格須由施行中斷妊娠手術之醫生填寫，於手術後三日內以封口密函遞交香港華人道會省衛生署長收。