

**CERTIFICATION FORM FOR INDUCED PREMATURE BIRTH**

I, \_\_\_\_\_, certify that on the basis of  
(Physician's Name)

my professional judgement, it was necessary to perform the following procedure on \_\_\_\_\_  
(Date)

to induce premature birth intended to produce a live viable child. \_\_\_\_\_  
(Procedure)

This Procedure was necessary for the health of \_\_\_\_\_  
(Name of Mother)

\_\_\_\_\_ of \_\_\_\_\_  
(MAID #) (Address)

and/or her unborn child.

\_\_\_\_\_  
Physician's Signature

\_\_\_\_\_  
Name of Physician

\_\_\_\_\_  
License Number

\_\_\_\_\_  
Date