



**Direction de la santé, des affaires sociales
et de l'intégration (DSSI)
Service du médecin cantonal**

Traduction anglaise du formulaire "Demande à l'intention du médecin devant pratiquer l'intervention".

**Induced Abortion in a situation of distress according to article 119 of the Swiss penal code
Request to be submitted to the doctor who will carry out the intervention**

Family name:

First name:

Date of birth:

Address:

Postal code, place of residence:

I am unintentionally pregnant.

I am in a situation of distress and cannot carry this pregnancy to term.

Therefore I wish to have an induced abortion.

The doctor who will carry out the intervention has

- discussed the situation with me in detail, counselled me personally or ascertained in person, that - by my request - I have already been counselled in detail by

(Name, First Name, and Address of doctor)

- fully informed me about the health risks involved in the intervention and
- given me a copy of the guidelines of the State Department of Public Health and Social Welfare of the Canton of Berne or ascertained in person, that - by my request - I have already been given these guidelines by

(Name, First Name, and Address of doctor)

Place and Date:

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Signature of the Applicant:

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