Western Australia

Health (Section 335 (5) (D) Abortion Notice) Regulations 1998

Compare between:

[10 Jan 2017, 00-b0-00] and [24 Jan 2017, 00-c0-01]

Western Australia

Health (Miscellaneous Provision) Act 1911

Health (Section 335 (5) (D) Abortion Notice) Regulations 1998

Made by the Governor in Executive Council.

##### 1. Citation

 These regulations may be cited as the *Health (Section 335 (5) (d) Abortion Notice) Regulations 1998.*

##### 2. Form of s.335 (5) (d) abortion notice

 A notice given by a medical practitioner under section 335 (5) (d) of the Act is to be in the form of Form 1 in Schedule 1.

Schedule 1

[r. 2]

FORM 1

*Health (Miscellaneous Provisions) Act 1911*

***Health (Section 335(5)(d) Abortion Notice) Regulations 1998***

**Notification by Medical Practitioner of Induced Abortion**

**To Chief Health Officer** 1

Under the *Health (Miscellaneous Provisions) Act 1911* section 335(5)(d) I,..............................................,

 *[please print full name]*

provide notice2 of an abortion, which I performed, at:...........................................

 *[address where procedure performed]*

on....................................................

*[date of abortion]*

**1. Gestational age at date of abortion (best estimate):**......................weeks

**2. Method of termination: (tick one or more)**

 Vacuum aspiration (suction curettage) **🞏**

 Dilatation and curettage (sharp) **🞏**

 Dilatation and evacuation **🞏**

 Vaginal prostaglandin or analogue instillation **🞏**

 Other (specify).......................................................... **🞏**

**3. Reason for termination of pregnancy: (tick one)**

 Reason other than fetal abnormality **🞏**

 Suspected fetal abnormality **🞏**

 Actual fetal abnormality **🞏**

 specify if known............................................

 Selective reduction of multiple pregnancy **🞏**

**4. Patient’s age (last birthday):**.......................................years

**5. Origin of patient**

Aboriginal but not Torres Strait Islander origin **🞏**

Torres Strait Islander but not Aboriginal origin **🞏**

Aboriginal and Torres Strait Islander origin **🞏**

Neither Aboriginal nor Torres Strait Islander origin **🞏**

 Not stated **🞏**

**6. Postcode of residence of patient:**....................................

 Signature.........................................

 *[Signature of Medical Practitioner]*

 Chief Health Officer, PO Box 8172, Stirling Street, Perth, Perth 6849

2 As required by the *Health (Miscellaneous Provisions) Act 1911* section 335(5)(d) notice must be given within 14 days of the abortion being performed.

*Forward completed form (top copy) to Chief Health Officer*

*Duplicate (yellow copy) to be retained by medical practitioner*

 [Schedule 1 amended: Gazette 22 Oct 2001 p. 5629-30; 10 Jan 2017 p. 280‑1.]

Notes

1. This is a compilation of the *Health (Section 335 (5) (d) Abortion Notice) Regulations 1998* and includes the amendments referred to in the following Table.

**Compilation table**

| Citation | Gazettal | Commencement |
| --- | --- | --- |
| *Health (Section 335 (5) (d) Abortion Notice) Regulations 1998* | 5 Jun 1998 p. 3048-9 | 5 Jun 1998 |
| *Health (Section 335(5)(d) Abortion Notice) Amendment Regulations 2001* | 22 Oct 2001 p. 5629-30 | 22 Oct 2001 |

|  |  |  |
| --- | --- | --- |
| *Health Regulations Amendment (Public Health) Regulations 2016* Pt. 21 | 10 Jan 2017 p. 237‑308 | 24 Jan 2017 (see r. 2(b) and *Gazette* 10 Jan 2017 p. 165) |