



Formular A

**Abortion, in a situation of need,
according to Article 119 of the
Swiss Penal Code**

Gesundheitsdepartement
Oberer Graben 32
9001 St.Gallen
T 058 229 35 64
F 058 229 46 09
info.kantonsarzt@sg.ch
www.gesundheit.sg.ch

Application for the attention of the doctor who will perform the operation

Family name: _____
First name: _____
Date of birth: _____
Address: _____
Zip code, Town / City: _____

**I am pregnant unintentionally.
I find myself in serious difficulties and do not want to continue this pregnancy.
Therefore I would like to make an application for an abortion.**

The doctor who will perform the operation has

- discussed the situation with me in detail,
- counselled me personally,
- informed me about the health risks of the operation and
- given me the guideline of the State Department of Public Health of St.Gallen.

Place and Date:

Signature of the Applicant:

Bestätigung eines vorgängigen ärztlichen Beratungsgesprächs:

Ort und Datum

Unterschrift Arzt/Ärztin

Unterschrift Gesuchstellerin

Dieses Formular bleibt in der Krankengeschichte des Operateurs/der Operateurin!