

Interim Abortion Ultrasound Certification Form*

The State of Tennessee requires us to obtain a signed certification from you confirming that you were presented with the following state-mandated information prior to giving your informed consent for an abortion. Consistent with this requirement, please initial and sign below:

- I was informed of the gestational age of the pregnancy _____
- I understand that I must be given the opportunity to listen to the fetal heart tones, if audible. I further understand that I have the option to request that the volume be reduced or turned off, and I

Listened _____

Declined to Listen _____

No heart tones audible _____

- I understand that I must be given an opportunity to view the ultrasound images, and receive a simultaneous explanation of the images. I further understand that I have the option to avert my eyes from the images, and I

Viewed _____

Declined to View _____

Patient Signature _____

Dated _____

Physician or Ultrasound Technician Signature

Dated _____

** Under Tenn. Stat. § 39-15-215(b)(8), the signed certification "must be on a form prescribed by the Commissioner of Health." As the Commissioner of Health has not yet prescribed such a form, CHOICES is currently using this interim form in order to comply with the law.*