Notice:

CONSENT FORM
YOUR DECISION AT ANY TIME NOT TO BE STERILIZED WILL NOT RESULT IN THE WITHDRAWAL OR WITHHOLDING OF ANY BENEFITS PROVIDED BY PROGRAMS OR PROJECTS RECEIVING FEDERAL FUNDS.

## o CONSENT TO STERILIZATION o

(Doctor or Clinic) information. I was told that the decision to be sterilized is completely up to me. I was told that the decision to be sterilized. If I decide not to be sterilized, my decision will not affect my right to future care or treatment. I will not lose any help or benefits from programs receiving Federal funds, such as A.F.D.C. or Medicaid that I am now getting or for which I may become eligible. I UNDERSTAND THAT THE STERILIZATION MUST BE CONSIDERED PERMANENT AND NOT REVERSIBLE. I HAVE BCOIDED THAT I DO NOT WANT TO BECOME PREGNANT. BEAR CHILDREN OR FATHER CHILDREN. I was told about those temporary methods of birth control that are available and could be provided to me which will allow me to bear or father a child in the future. I have rejected these alternatives and chosen to be sterilized. I understand that I will be sterilized by an operation known as a . The discomforts, risks and benefits associated with the operation have been explained to me. All my questions have been answered to my satisfaction. I understand that the operation will not be done until at least thirty days after I sign this form. I understand that I can change my mind at any time and that my decision at any time not to be sterilized will not result in the withholding of any benefits or medical services provided by federally funded programs. I am at least 21 years of age and was born on . (Month Day Year)  I, hereby consent of my own free will to be sterilized by mement of Health, Education, and Welfare or Employees of programs or projects funded by that Department but only for determining if Federal Laws were observed. I have received a copy of this form.  Date: Signature  Month Day Year  You are requested to supply the following information, but it is not required:  Race and ethnicity designation (please check) American Indian or Alaska Native Ointerpreter's STATEMENT o  If an interpreter is provided to assist the individual to be sterilized: I have translated the information and advice presented or ally to the individual to			
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Interpreter Date	Ç .	·	,
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	interpreter	Date	

## o STATEMENT OF PERSON OBTAINING CONSENT o

Before	signed the consent		
form, I explained to him/her the n	f Individual) ature of the sterilization operation		
and irreversible procedure and the associated with it.	e fact that it is intended to be a final e discomforts, risks and benefits		
	be sterilized that alternative methods		
sterilization is different because it	is permanent.		
be withdrawn at any time and tha			
	e and belief the individual to be		
sterilized is at least 21 years old a He/She knowingly and voluntarily	requested to be sterilized and		
	and consequence of the procedure.		
Signature of person obtaining cor	nsent Date		
Facility	<del></del>		
1 domy			
Address	3		
o PHYSICIAN'S STATEMENT o			
Shortly before I performed a	·		
(Name of individual to be sterilize on	d) , I explained to		
(Date of sterilization operation	on)		
him/her the nature of the sterilization operation, the fact that it is intended to be a final and irreversible procedure and			
the discomforts, risks and benefits associated with it.			
I counseled the individual to be sterilized that alternative methods of birth control are available which are temporary. I explained that			
sterilization is different because it	is permanent.		
I informed the individual to be sterilized that his/her consent can be withdrawn at any time and that he/she will not lose any health			
services or benefits provided by F	ederal funds.		
To the best of my knowledge sterilized is at least 21 years old	e and belief the individual to be		
He/She knowingly and voluntarily requested to be sterilized and			
appeared to understand the nature and consequences of the procedure.			
Instructions for use of altern	ative final paragraphs: Use the first		
paragraph below except in the ca	se of premature delivery or nere the sterilization is performed less		
	individual's signature on the consent		
form. In those cases, the second			
(Cross out the paragraph which is (1) At least thirty days have	s not used.) e passed between the date of the		
	sent form and the date the sterilization		
was performed.			
than 72 hours after the date of the	erformed less than 30 days but more eindividual's signature on this		
	wing circumstances (check applicable		
box and fill in information request	ed):		
Premature delivery; Individual's expected d	ate of delivery		
Emergency abdominal			
(describe circumstances):			
	Physician		
	Date 7473-M ED 3-81		
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