



CONSENT TO STERILIZATION PHYSICIAN'S STATEMENT

Shortly before I performed a sterilization operation upon _____ {name} _____
_____ on _____ {date} _____ I explained to 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I informed the individual to be sterilized that his or her consent can be withdrawn at any time and that
he/she will not lose any health services or benefits provided by federal funds.

To the best of my knowledge and belief, the individual to be sterilized is at least 21 years old and
appears mentally competent. He/she knowingly and voluntarily requested to be sterilized and appears
to understand the nature and consequences of the procedure.

(Instructions for use of alternative final paragraphs: Use the first paragraph below, except in the case
of premature delivery or emergency abdominal surgery where the sterilization is performed less than
30 days after the date of the individual's signature on the consent form. In those cases, the second
paragraph below must be used. Cross out the paragraph which is not used.)

- 1) At least thirty days have passed between the date of the individual's signature on this consent form
and the date the sterilization was performed.

- 2) This sterilization was performed less than 30 days but more than 72 hours after the date of the
individual's signature on this consent form because of the following circumstances (check
applicable box and fill in information requested):
 - Premature Delivery
 - Individual's expected date of delivery
 - Emergency abdominal surgery
(Describe circumstances)

Physician Date