



Republic of Namibia
Annotated Statutes

REGULATIONS

REGULATIONS MADE IN TERMS OF
Abortion and Sterilization Act 2 of 1975
section 8

Abortion and Sterilization Regulations

RSA Government Notice R.1210 of 1975

[\(RSA GG 4749\)](#)

came into force on date of publication: 20 June 1975

ARRANGEMENT OF REGULATIONS

[The individual regulations have no headings.]

**SCHEDULE: Notice in terms of section 7(1) of the
Abortion and Sterilization Act, 1975 (Act 2 of 1975)**

1. In these regulations “the Act” means the Abortion and Sterilization Act, 1975 (Act 2 of 1975).
2. An application to procure an abortion or to perform a sterilization shall be made in the prescribed form required by the medical practitioner referred to in section 6(1) of the Act.
3. The authority referred to in section 6(1) shall be handed to the medical practitioner who will procure the abortion or perform the sterilization and a copy thereof shall be retained by the medical practitioner who granted the authority.
4. The medical practitioner referred to in section 6(1) of the Act shall report to the Secretary for Health the information referred to in section 7(1) on the form in the Schedule hereto.

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5. The documents referred to in regulations 2, 3 and 4 shall be kept for five years, after which they may be destroyed.

SCHEDULE

To view content without printing, scroll down.

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Schedule

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SCHEDULE

G. 1/12/2

DEPARTMENT OF HEALTH

NOTICE IN TERMS OF SECTION 7 (1) OF THE ABORTION AND STERILIZATION ACT, 1975 (ACT 2 OF 1975)

INSTRUCTIONS

1. This form must reach the Secretary for Health, Private Bag X88, Pretoria, 0001, within 21 days after the abortion or sterilization.
2. Mark with an "X" where applicable, etc. Male/ Female if female.
 1. *The patient:*
 - 1.1 Surname.....
 - 1.2 First names.....
 - 1.3 Identity number.....
 - 1.4 Age (in years only).....
 - 1.5 Race European/ Coloured/ Asian/ Bantu
 - 1.6 Sex (only in the case of sterilization) Male/ Female
 - 1.7 Marital state Married/ Unmarried
 - 1.8 Address.....
 2. *Permission for the operation given by the patient or guardian:*
 - 2.1 Permission granted by patient Yes/ No
 - 2.2 Permission granted by the following person:
 - 2.2.1 Surname.....
 - 2.2.2 First names.....
 - 2.2.3 Relationship/Capacity:
 Husband/ Wife/ Father/ Mother/ Lawful guardian
 3. *The operation:*
 - 3.1 Type of operation Abortion/ Sterilization
 - 3.2 Date procured/performed.....
 - 3.3.1 Reasons for operation:

.....

.....

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In terms of section:

3 (1) (a)/3 (1) (b)/3 (1) (c)/ 3 (1) (d)/4 (1) (a)/4 (1) (c)

3.3.2 The most important additional disease(s) or condition(s) justifying the operation is/are the following:

.....

3.4 *The operation has been performed by:*

- 3.4.1 Surname.....
- 3.4.2 First names.....
- 3.4.3 Identity number.....
- 3.4.4 Date of registration.....

4. *Certifying:*

Particulars of persons who issued the certificates in terms of section 3, 4 or 6, as the case may be.

Medical practitioners:

- | | |
|---|---|
| <ul style="list-style-type: none"> 4.1 Surname..... 4.2 First names..... 4.3 Identity number..... 4.4 Date of registration..... 4.5 Qualifications..... 4.6 Capacity: | <ul style="list-style-type: none"> Surname..... First names..... Identity number..... Date of registration..... Qualifications..... Capacity: |
|---|---|

District surgeon
Psychiatrist
Medical practitioner in employment of the State
Other.....

District surgeon
Psychiatrist
Medical practitioner in employment of the State
Other.....

4.7 *Magistrate:*

- 4.7.1 Surname.....
- 4.7.2 First names.....
- 4.7.3 Official address.....

5. *Certificate by medical practitioner in charge of institution where the operation was performed:*

- I,
- 5.1 Surname.....
 - 5.2 First names.....
 - 5.3 Medical practitioner registered with the South African Medical and Dental Council, the undersigned, do hereby certify that the provisions of the Abortion and Sterilization Act, 1975 (Act 2 of 1975), have been complied with.

Date	Signature of medical practitioner
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- 5.4 Capacity
- 5.4.1 Medical practitioner in charge
- 5.4.2 Medical practitioner designated in terms of section 6 (1) (a)
- 5.4.3 Medical practitioner designated in terms of section 6 (1) (b)
- 5.5.1 Name of institution.....
- 5.5.2 Address of institution.....