

Physician Medical Emergency Affidavit Pain-Capable Unborn Child Protection Act

Physician Medical Emergency Statement:

I, _____, have presented to me a pregnant unemancipated, minor _____,
(Physician name) *(Minor name)*

and that I have examined the minor, reviewed the medical records and certify that a medical emergency exists.

Signature of Attending Physician

Date: _____, 20_____.

Physician Certificate of Mailing:

I, _____, here by certify that on the _____ day of _____, _____ that I sent by
(Physician name) *(day)* *(Month)* *(Year)*

certified mail restricted delivery a true and correct copy of this physician medical emergency affidavit to:

(Parent name)

Signature of Physician

Date: _____, 20_____.