

TO THE DOCTOR OR MIDWIFE – Please fill in this form in ink.

Name of patient

B. A. S. S.

Certificate number

001255577

Part A

Fill in this part if you are giving the certificate **before** the confinement.

Do not fill this in more than 20 weeks before the week when the baby is expected.

I certify that I examined you on the date given below. In my opinion you can expect to have your baby in the week that includes 8/4/17.

Week means a period of 7 days starting on a Sunday and ending on a Saturday.

Part B

Fill in this part if you are giving the certificate **after** the confinement.

I certify that I attended you in connection with the birth which took place on 8/4/17 when you were delivered of a child [] children.

In my opinion your baby was expected in the week that includes 8/4/17.

Registered midwives

Please give your NMC Personal Identification Number and the expiry date of your registration with the NMC.

Date of examination 8/4/17

Date of signing 8/4/17

Signature

D. S. S.

Doctors

Please stamp your name and address here if the form has not been stamped by the Health Authority in whose medical list you are included.

Vale of Leven Hospital
Community Maternity Unit
Alexandria

G83 0UA Tel: 01389 817232

TO THE PATIENT

Please read the notes on the back of this form ▶

MAT B1 04/2015