

ALASKA DEPARTMENT OF HEALTH AND SOCIAL SERVICES
 BUREAU OF VITAL STATISTICS
 P.O. BOX 110675
 JUNEAU, ALASKA 99811-0675

Abortions Performed on a Minor Reporting Form

Physician _____

Reporting Period (Month/Year) _____

For each month in which an abortion is performed on a minor, physicians must provide the age of each minor, the number of previous abortions performed on each minor, if any, and the number of pregnancies of each minor, if any, and the number of consents provided under each of the exceptions enumerated under AS 18.16.020(a)(1) - (4).

Age of Minor	Previous Abortions	Total Prior Pregnancies	Notice and/or Consent Provided
			<input type="checkbox"/> Parental/legal guardian/custodian 48 hours notice <input type="checkbox"/> Parental/legal guardian/custodian written consent <input type="checkbox"/> Court order under AS 18.16.030 <input type="checkbox"/> Court inaction under AS 18.16.030 <input type="checkbox"/> Minor is victim of physical/sexual/emotional abuse Abuse documented by the minor and one of the following persons with personal knowledge of the abuse and who is : <input type="checkbox"/> A Sibling of the minor who is at least 21 years or older; <input type="checkbox"/> Law enforcement; <input type="checkbox"/> DHSS representative who has investigated the abuse; <input type="checkbox"/> Grandparent; or <input type="checkbox"/> Stepparent
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