I am at least 21 years of age and was born on ______________.

I was told about those temporary methods of birth control that are available and could be provided to me which will allow me to bear or father a child in the future. I have rejected these alternatives and chosen to be sterilized.

I understand that I will be sterilized by an operation known as a _______________. The discomforts, risks and benefits associated with the operation have been explained to me. All my questions have been answered to my satisfaction.

I understand that the operation will not be done until at least thirty days after I sign this form. I understand that I can change my mind at any time and that my decision at any time not to be sterilized will not result in the withholding of any benefits or medical services provided by federally funded programs.

I am at least 21 years of age and was born on _______________. By my free will, I hereby consent of my own free will to be sterilized by _______________ (doctor or clinic) by a method called _______________, My consent expires 180 days from the date of my signature below.

I also consent to the release of this form and other medical records about the operation to: Representatives of the Department of Health, Education, and Welfare or Employees of programs or projects funded by that Department but only for determining if Federal laws were observed.

I have received a copy of this form. You are requested to supply the following information, but it is not required.

Race and ethnicity designation (please check)
□ 1 American Indian or Alaska Native
□ 2 Asian or Pacific Islander
□ 3 Black (not of Hispanic origin)
□ 4 Hispanic
□ 5 White (not of Hispanic origin)
□ 6 Other
□ 7 Hispanic

If an interpreter is provided to assist the individual to be sterilized:

I have translated the information and advice presented orally to the individual to be sterilized by the person obtaining this consent. I have also read him/her the consent form in _______________ language and explained its contents to him/her. To the best of my knowledge and belief he/she understood this explanation.

You certify that you have carefully considered all the information, advice and explanations given to me at the time I originally signed the consent form. In those cases, the second paragraph below must be crossed out.

Before ______________________, I explained to him/her the nature of the sterilization operation _______________, the fact that it is intended to be a final 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/her consent can be withdrawn at any time and that he/she will not lose any health services or any benefits provided by Federal funds.

The procedure

To the best of my knowledge and belief the individual to be sterilized is at least 21 years old and appears mentally competent.

I have asked for and received information about sterilization from _______________ (describe circumstances). Those temporary methods of birth control that are available and could be provided to me which will allow me to bear or father a child in the future. I have rejected these alternatives and chosen to be sterilized.

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