



Personal Information

| | | | |
|--|--|--|-----------------|
| 1. Full name | | 2. ID number | |
| 3. Permanent residence | | 4. Telephone number | 5. Municipality |
| 6. Changed or temporary address | | 7. Temporary municipality | 8. Citizenship |
| 9. Marital status according to the National Registry <input type="checkbox"/> Married <input type="checkbox"/> Not married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed | | 10. Cohabitation <input type="checkbox"/> Cohabiting <input type="checkbox"/> Not cohabiting <input type="checkbox"/> Separated | |
| | | 11. Sex <input type="checkbox"/> Male <input type="checkbox"/> Female | |

Children

12. Number of children to provide for

Reasons for applying for sterilisation

13.

Abstract from Act No. 25/1975

Art. 18. Sterilisation is permitted according to this Act:

I. At the request of the person concerned, provided that he/she, having reached the age of 25, has an urgent wish on careful consideration to be barred from producing offspring and provided there are no medical reasons contradicting such an operation.

II. If the person has not reached 25 years of age:

- 1) If it is expected that the woman's health will be endangered by pregnancy and giving birth.
- 2) If giving birth and caring for a child would be too much of a strain on her/him with respect to the family's economic situation and for other reasons.
- 3) If a disease, physical or mental, seriously diminishes her/his ability to take care of and raise children.
- 4) When it can be expected that the child of the person concerned is in danger of being born deformed or with a serious illness due to genetics or damage during the foetal stage.

Art. 21. Before the sterilisation can be authorised according to this Act, the person concerned is to be informed of the implications of the operation and that it can permanently prevent him/her from reproducing.

Application by individual concerned

14. I apply for sterilisation according to Act No. 25/1975.
15. I understand what the operation involves. I have received information and guidance according to Art. 21 of Act No. 25/1975. I furthermore understand that the success rate of the sterilisation is about 99,5%.

(Place and date)

(Signature of applicant)

Application by legal guardian

16. I hereby request that the person named below be allowed to undergo sterilisation, in accordance with Act No. 25/1975.

Name

17. I understand what the operation involves and have, along with the above-mentioned person, received information and guidance according to Art. 21 of Act No. 25/1975. I furthermore understand that the success rate of the sterilisation is about 99,5%.

- The applicant is a legal guardian

(Place and date)

(Signature of applicant)

Forms and registration: According to Act No. 25/1975 on guidance and education on sex and childbirth and on abortions and sterilizations, an application for sterilization is to be filled out using a form issued by the Medical Director of Health (Art. 19). Following the operation, a report on its performance is to be completed using a form supplied by the Medical Director of Health. The completed report is to be sent to the office of the Medical Director of Health. Upon reception of the report, certain data is entered into a database. The following variables are entered into the database: age, municipality, date of operation, type and location of operation. This is done for the purpose of monitoring the frequency of abortions in the country and for the purpose of education and guidance. The ID number or other personal information is not recorded, however, and in accordance with Art. 27, strictest confidentiality is observed while handling the form. For further information see: <http://www.landlaeknir.is>.



Legal grounds for the application

18. Application for sterilisation is submitted with reference to:

Art. 18. I

Art. 18. II (Please identify paragraph and provide further explanation)

Paragraph 1 _____

Paragraph 2 _____

Paragraph 3 _____

Paragraph 4 _____

Report from physician/social worker (if the application is submitted with reference to Art. 18. II)

19. _____

Processing of application

| | |
|---|---|
| 20. <input type="checkbox"/> Accepted <input type="checkbox"/> Rejected _____ (Place and date) _____ (Physician/Social worker 's signature) (Physician's number/social worker's number) | 21. <input type="checkbox"/> Accepted <input type="checkbox"/> Rejected _____ (Place and date) Processed by: _____ (Hospital physician 's signature) (Physician's number) |
|---|---|

Decision of committee

| | |
|-------------|---|
| 22. Date | 23. <input type="checkbox"/> Accepted Accepted with reference to <input type="checkbox"/> Art. 18. 1 <input type="checkbox"/> Art. 18. 2 <input type="checkbox"/> Art. 18. 3 <input type="checkbox"/> Art. 18. 4 <input type="checkbox"/> Rejected Reason for rejection _____ |
| _____ | _____ |
| (Signature) | (Signature) (Signature) |

Description of operation

| | | |
|---|-----------------------------|---|
| 24. Date of operation | 25. Name of hospital/clinic | 26. Operation performed by (physician's number) |
| 27. Type of operation <input type="checkbox"/> Constriction of Fallopian tubes, open surgery <input type="checkbox"/> Constriction of Fallopian tubes, laparoscopic <input type="checkbox"/> Ligature of vas deferens <input type="checkbox"/> Other | | NCSP codes |
| 28. Complications <input type="checkbox"/> None <input type="checkbox"/> Fever <input type="checkbox"/> Haemorrhage > 500 ml <input type="checkbox"/> Damage to organs in abdominal cavity <input type="checkbox"/> Another operation required | | ICD-10 codes |
| 29. <input type="checkbox"/> Abortion carried out simultaneously | | |