

VERIFICATION OF PREGNANCY AND GESTATIONAL AGE
By Local Health Department
Michigan Department of Community Health

I certify that on _____ (date) at _____ (time) at the
_____ health department, the pregnancy of
_____ (patient) was confirmed.

At this time, the gestational age of the fetus is _____.

Signature of Local Health Department Official

Date Signed

Authority: PA 345 of 2000

Completion: IS REQUIRED, if the patient requests a pregnancy verification and determination of gestational age in order to fulfill the requirements of the Informed Consent for Abortion Law, PA 345 of 2000.

Copy Distribution: Patient
Local Health Department