

Employee or Medical Staff Member Statement

I, the undersigned, an employee or medical staff member, or prospective employee or prospective medical staff member, of *(hospital name)* _____, understand that I have the right to request that during the course of my employment by the hospital or medical staff membership I not be assigned to duties involving direct participation in the initiation, induction, or performance of an abortion on a patient in this hospital.

I make this request because of my moral, ethical, or religious beliefs relating to procedures described above.

Date: _____ Time: _____ AM / PM

Signature: _____
(employee/medical staff member)

Print name: _____
(employee/medical staff member)

I have read the above statement and do not make this request. I have no objection to participating in an abortion procedure in the course of my normal duties or activities at the hospital.

Date: _____ Time: _____ AM / PM

Signature: _____
(employee/medical staff member)

Print name: _____
(employee/medical staff member)

Reference: Health and Safety Code Section 123420

