

# Employee or Medical Staff Member Statement

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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

