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## **Declaration of a Health Professional**

I, \_\_\_\_\_ a health professional, have a conscientious objection to Induced Abortion. I, therefore, place my employer on notice that:

- I will not participate in termination of pregnancy, neither directly nor indirectly;
- I will not be available to undergo training for termination of pregnancy.

Postal address: \_\_\_\_\_

Qualifications/Job description: \_\_\_\_\_

Healthcare Institution: \_\_\_\_\_

Tel: (H) \_\_\_\_\_ (W) \_\_\_\_\_

Fax: \_\_\_\_\_ Cell: \_\_\_\_\_

E-mail: \_\_\_\_\_

Signed: \_\_\_\_\_ (health professional)

Date: \_\_\_\_\_

For advice contact Doctors for Life International at

**076 7787 100**