

SOMERSET COUNTY COUNCIL

KCS1/P/O:CKSON/2/8

ADMINISTRATION OF GAS AND AIR ANALGESIA BY A QUALIFIED MIDWIFE

Statement from Registered Medical Practitioner stating patient is
fit for Gas and Air Administration at her confinement. In my
opinion is fit for the administration
of Gas and Air Analgesia.

Signed

Date

N.B. The patient must be examined within one month of her
confinement.

THIS FORM TO BE RETURNED TO THE MIDWIFE.