Fetal Pain Checklist
Twenty (20) Weeks or More Gestational Age
Act 1696 of 2005 and Act 1086 of 2015

On ________ (date), I was informed orally and in person by ______________________________________
(name of physician who is performing the abortion or the physician’s agent) of the following:

____  By 20 weeks gestational age, the unborn child possesses all anatomical links in its nervous
system that are necessary in order to feel pain

____  An unborn child of 20 weeks gestation or more is fully capable of experiencing pain

____  A description of the actual steps of the procedures to be performed or induced and at which
steps in the procedure the unborn child is capable of feeling pain

____  Maternal anesthesia typically offers little pain prevention for the unborn child

____  An anesthetic, analgesic or both are available so that pain to the fetus is minimized or alleviated
and I have been informed of the medical risks associated with the particular anesthetic or
analgesic that is available

____  I have a right to view the printed materials related to unborn child pain awareness

____  I understand that the information related to unborn child pain awareness is contained in the
provided printed materials and on the Arkansas Department of Health website
(www.healthy.arkansas.gov).

____  I understand the information contained in the printed materials was provided by the State of
Arkansas

I certify and affirm that I have received the above information at least 48 hours before I undergo an
abortion and that I do hereby voluntarily give my fully informed consent to the abortion.

__________________________________________ ______________________________
Signature of Patient      Date

__________________________________________ ______________________________
witness     Date

(AS-4010A)