



*Empower Our Women and Our World.*

## Out-of-Hospital Birth Observation Record

Mother's Name: \_\_\_\_\_

Child's Date of Birth: \_\_\_\_\_

Birth Location (City & State): \_\_\_\_\_

Birth worker's Name: \_\_\_\_\_

Role of Evaluator: ☐ Child's Mother ☐ Midwife ☐ Doctor ☐ Nurse

Name of Evaluator: \_\_\_\_\_

I, \_\_\_\_\_, hereby verify that the birth worker whom I am evaluating was present at my &/ this birth.

Evaluator's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please return the completed record to the birth worker as it is part of their prerequisite for our Birth Assistant certification course.

If you have further comments or questions feel free to contact us.