

FORM 4
MENTAL HEALTH ACT

[Sections 22, 28, 29 and 42,
R.S.B.C. 1996, c. 288]

MEDICAL CERTIFICATE
(INVOLUNTARY ADMISSION)

I, _____, M.D., certify that I examined
physician's name (please print)

_____ on _____ .
first and last name of person examined (please print) *dd / mm / yyyy*

In summary form, the reasons for my opinion are: (information may be obtained through interviews, observations and collateral sources)

1. In my opinion, this person:
has a disorder of the mind that requires treatment and which seriously impairs the person's ability to react appropriately to his/her environment or to associate with others (section 1 of the *Mental Health Act*);
2. In my opinion, this person:
- (a) requires treatment in or through a designated facility; and
 - (b) requires care, supervision and control in or through a designated facility to prevent his/her substantial mental or physical deterioration or for the protection of the person or for the protection of others; and
 - (c) cannot suitably be admitted as a voluntary patient.

This person was was not brought to me by a police officer or constable under section 28 of the Act.

Note: if above space is insufficient, continue on back of form

Signed _____
physician's signature

date of signature (dd / mm / yyyy)

physician's address (please print)

telephone

Note: This medical certificate, when duly signed, is authority for anyone to apprehend the person who is the subject of this certificate and to transport the person to a designated facility for admission and detention for a 48 hour period. If a second medical certificate is completed within that period, it provides authority to detain the person for one month from the date of admission under the first certificate.

If this is a first medical certificate, it becomes invalid on the 15th day after the date upon which the physician examined the person who is the subject of the certificate unless the person has been admitted on the basis of it.