

FORM 3
MENTAL HEALTH ACT
[Section 20, R.S.B.C. 1996, c. 288]

MEDICAL REPORT
(EXAMINATION OF A PERSON UNDER 16 YEARS OF AGE,
ADMITTED AT REQUEST OF PARENT OR GUARDIAN)
(RENEWAL CERTIFICATE)

I, _____, M.D.,
name of physician (please print)

being a physician and the director of, **or** a physician authorized by the director of,

_____, certify that on _____,
name of designated facility *dd / mm / yyyy*

I personally examined _____,
patient's first and last name (please print)

who is currently under the age of 16 years and was admitted at the request of a parent or guardian

in _____.
name of designated facility

On the basis of my examination, I have formed the opinion that this patient continues to be a person with a mental disorder and should remain as a patient for a period of _____,
no. of days, weeks or months

commencing on _____.
dd / mm / yyyy

The patient must be examined again before _____.
dd / mm / yyyy

The reasons that lead me to conclude that this patient is a person with a mental disorder and should not be discharged are:

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

signature of physician

date of signature (dd / mm / yyyy)