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)*