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.,  

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

______________________________, name of designated facility  

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 _______ _______ _______.  

The patient must be examined again before _______ _______ _______.  

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)

HLTH 3503 Rev. 2005/06/01