

**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)*