MEDICAL CERTIFICATE
(INVOLUNTARY ADMISSION)

I, _______________________, M.D., certify that I examined _______________, on ________________, that:

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.

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

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

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)

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.