BRITISH COLUMBIA | Ministry of Health

Patient label area (optional)

FORM 4.2

SECOND MEDICAL CERTIFICATE (INVOLUNTARY ADMISSION)

[**Mental Health Act** sections 22, 28, 29 and 42, R.S.B.C. 1996, c. 288]

HLTH 3504.2 2022/12/06

SECTION 1 - All fields required to be completed.

First and Last Name of Person Examined (please print)	Personal Health Number (if available)
Name and Address of Designated Facility (in the case of certificates completed under section 29, name and address of correctional centre or youth custody centre)	Examination Date (DD/MM/YYYY)

I have examined the person named above on the date noted above. I have determined that the person meets the requirements for involuntary admission under the *Mental Health Act* of British Columbia and I have set out the reasons for my determination below.

1. I have formed the opinion that the person **has a disorder of the mind that requires treatment and seriously impairs the person's ability to react appropriately to their environment or associate with others.** The reasons for my opinion are as follows:

2. I have formed the opinion that the person **requires treatment in or through a designated facility**. The reasons for my opinion are as follows:

3. I have formed the opinion that the person **requires care, supervision and control in or through a designated facility to prevent their substantial mental or physical deterioration or for the protection of the person or for the protection of others.** The reasons that I have formed this opinion are as follows:

4. I have formed the opinion that the **person cannot suitably be admitted as a voluntary patient.** The reasons that I have formed this opinion are as follows:

Signed below by: ☐ Check if summary continued on back of this page ☐ Patient was given a copy of this form

First and Last Name of Examining Physician (please print)		**Signature** of Physician	Date Signed (DD/MM/YYYY)
Phone Number	College ID Number		Time Signed 24HR HH:MM

SECTION 2: PART A - For completion on admissions other than under section 29(5)

I, the Mental Health Act Director or delegate of the designated facility named above, confirm that I have reviewed Section 1 of this form, and that it sets out the information required by section 22(3) of the Mental Health Act to continue involuntary admission under the Mental Health Act.

Name of MHA Director of Designated Facility or Delegate (please print)	**Signature** of Mental Health Act Director or Delegate of Designated Facility	Date Signed (DD/MM/YYYY)
Name of Designated Facility		Time Signed 24HR HH:MM

SECTION 2: PART B - For completion on admissions under section 29(5)

I, the Mental Health Act Director or delegate of the designated facility named below, confirm that I have received and reviewed a completed Form 4.1, or Form 4, and this Form 4.2, and I admit the person who was examined to the designated facility named below.

Name of MHA Director of Designated Facility or Delegate (please print)	**Signature** of Mental Health Act Director or Delegate of Designated Facility	Date Signed (DD/MM/YYYY)
Name of Designated Facility		Time Signed 24HR HH:MM

Note: Extension of involuntary admission beyond one month requires an additional medical assessment and completion of a Renewal Certificate (Form 6) before the one month lapses. Attempts to help the patient understand their rights must be performed at each renewal of the patient's involuntary admission, and documented on the Form 13.

FORM 4.2 SECOND MEDICAL CERTIFICATE (INVOLUNTARY ADMISSION) BACK

THIS SECTION TO BE COMPLETED ONLY IF SUMMARY IS CONTINUED ON THIS SIDE OF THE FORM

First and Last Name of Person Examined (please print)	Personal Health Number (if available)

Name of Designated Facility	Examination Date (DD/MM/YYYY)	Examination Time 24HR HH:MM

Summary continued

Save Print Clear Form