

I _____ of _____
(print name of physician) (address)
certify that I personally examined _____
(print name of person examined)
of _____ on _____ at _____
(home address) (date) (time)
at _____
(place of examination)

Note:
*All three
criteria must
be met.*

In my opinion the person examined is
(a) suffering from mental disorder,
(b) likely to cause harm to the person or others or to suffer substantial mental or physical deterioration or serious physical impairment, and
(c) unsuitable for admission to a facility other than as a formal patient.

Note:
*Both (a) and
(b) must be
completed.*

I have formed my opinion
(a) on the following facts observed by me:

(b) on the following facts communicated to me by others:

*Place an "X"
in the box if
conveyance
is required.*

The person is not in a facility and is to be conveyed for examination to

(name of facility)

at _____
(address of facility)

(date of issue)

(time of issue)

(signature of physician)

(printed name of physician)

Note: Section 1(g) of the Act reads:

(g) "mental disorder" means a substantial disorder of thought, mood, perception, orientation or memory that grossly impairs

(i) judgment,
(ii) behaviour,

(iii) capacity to recognize reality, or
(iv) ability to meet the ordinary demands of life.