

I \_\_\_\_\_ of \_\_\_\_\_ ,  
(print name of physician) (address)  
certify that I personally examined \_\_\_\_\_  
(print name of person examined)  
on \_\_\_\_\_ at \_\_\_\_\_ separately from any other physician.  
(date) (time)

**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 to continue at 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:

The person was examined at \_\_\_\_\_  
(name of facility)

\_\_\_\_\_  
(date of issue) (time of issue)

\_\_\_\_\_  
(signature of physician) (printed name of physician)

**Note: Sections 1(g) and 8(2) of the Act read:**

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

- (i) judgment, (iii) capacity to recognize reality, or  
(ii) behaviour, (iv) ability to meet the ordinary demands of life;

8(2) At least one of the physicians who issue renewal certificates under this section shall be a member of the staff of the facility at which the formal patient is detained and at least one of the certificates shall be issued by a psychiatrist.