**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)*