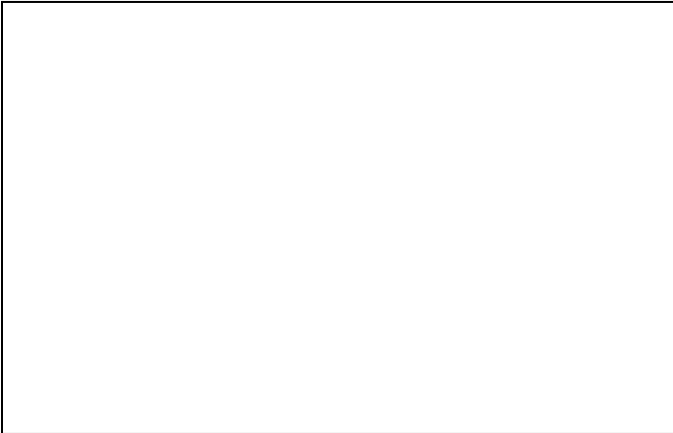




**Department of Health & Community Services**  
*Mental Health Care and Treatment Act, 2006*  
**Section 30 (2)**

*A copy of this form will be provided to the person who is the subject of the certificate of renewal.*



### Certificate of Renewal

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> 1 <sup>st</sup> renewal | <input type="checkbox"/> 4 <sup>th</sup> renewal | <input type="checkbox"/> Other (specify) |
| <input type="checkbox"/> 2 <sup>nd</sup> renewal | <input type="checkbox"/> 5 <sup>th</sup> renewal | _____                                    |
| <input type="checkbox"/> 3 <sup>rd</sup> renewal | <input type="checkbox"/> 6 <sup>th</sup> renewal |  |

I, the undersigned physician \_\_\_\_\_ hereby certify that in accordance  
*(please print name)*  
with section 30(1) of the *Mental Health Care and Treatment Act (the Act)*, I have conducted a psychiatric assessment of \_\_\_\_\_ and am satisfied that  
*(name of person who is the involuntary patient)*  
he/she continues to meet the criteria as set out in subparagraphs 17(1)b (i) and (ii) of the Act.

The following facts<sup>1</sup> and reasons for my opinion as the attending physician are as follows:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
**Signature of Physician**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Time**

<sup>1</sup> The facts on which the opinion is based must be distinguished between the facts observed by the physician and those that have been communicated by another person. Additional information may be attached (MHCTA, 2006, s. 17 (1) (c)).