Form 3
Medical Certificate for Involuntary Psychiatric Assessment - Part 2
(Subsection 10(2) - *Involuntary Psychiatric Treatment Act*)

I, Dr. ____________________________ (full name), a physician, signed the attached Medical Certificate for Involuntary Psychiatric Assessment - Part 1 for ___________________________ (full name of person).

I hereby certify that compelling circumstances exist for the involuntary psychiatric assessment of this person and that a second physician is not readily available to examine the person and complete a second Medical Certificate for Involuntary Psychiatric Assessment - Part 1.

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Note: This form must be accompanied by a Medical Certificate for Involuntary Psychiatric Assessment - Part 1 (Form 2) signed by the same physician.