Form B
Revocation of Declaration of Capacity
(Section 57 - Hospitals Act )

I, _______________________________ (full name), a _______________________________ (title) on the staff of _______________________________ (name of hospital or psychiatric facility), personally examined _______________________________ (full name of person) on ___/___/_____ (dd/mm/yyyy) at __________ a.m./p.m. at _______________________________ (location of examination).

I declare that in my opinion the person is capable of consenting to the following treatment or treatments:

________________________________________________________________
________________________________________________________________
________________________________________________________________
________________________________________________________________

Therefore I am revoking the Declaration of Capacity dated ___/___/_____ (dd/mm/yyyy) respecting this person.

__________________________  ____________________
(date of signature)  (signature)

_______________ _____________________
(printed name)

Note:
Section 2A of the Hospitals Act states:

2A  For the purpose of this Act, any reference to a psychiatrist carrying out a capacity or competency assessment means

(a)   for the purpose of a person in a psychiatric facility, a psychiatrist as defined in clause (r) of Section 2; and

(b)   for the purpose of a person in a hospital, the attending physician or other suitable health professional determined by the hospital.