

**Form C**  
**Declaration of Competency**  
**(Hospitals Act, Section 53)**

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 (*check one*)

is competent to administer their estate.

is not competent to administer their estate.

In arriving at this opinion I have considered **all** of the following:

- the nature and degree of the person's condition
- the complexity of the estate
- the effect of the condition of the person upon their conduct in administering the estate
- any other circumstances that I consider relevant to the estate and the person and their condition.

The following information supports my opinion:

1) Observations from my examination of the patient:

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2) Information from other sources:

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Sources of above information (*identify specific sources*):

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Date of admission to hospital or psychiatric facility: \_\_\_/\_\_\_/\_\_\_\_ (dd/mm/yyyy).

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(date of signature)

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(signature)

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(printed name)

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**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.

**Form C added: O.I.C. 2007-239, N.S. Reg. 236/2007.**