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:
   ___________________________________________________________________
   ___________________________________________________________________
   ___________________________________________________________________
   ___________________________________________________________________
   ___________________________________________________________________
   ___________________________________________________________________

2) Information from other sources:
   ___________________________________________________________________
   ___________________________________________________________________
   ___________________________________________________________________
   ___________________________________________________________________
   ___________________________________________________________________
Sources of above information (*identify specific sources*):

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

__________________________  __________________
(date of signature)            (signature)

______________________________
(printed name)

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**Note:**

Section **2A** of the *Hospitals Act* states:

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<tbody>
<tr>
<td><strong>2A</strong></td>
<td>For the purpose of this Act, any reference to a psychiatrist carrying out a capacity or competency assessment means</td>
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<tr>
<td>(a)</td>
<td>for the purpose of a person in a psychiatric facility, a psychiatrist as defined in clause (r) of Section 2; and</td>
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<td>(b)</td>
<td>for the purpose of a person in a hospital, the attending physician or other suitable health professional determined by the hospital.</td>
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