

Form D
Revocation of Declaration of Competency
(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 competent to administer their estate.

Therefore I am revoking the Declaration of Competency 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
- (c) for the purpose of a person in a psychiatric facility, a psychiatrist as defined in clause (r) of Section 2; and
 - (d) for the purpose of a person in a hospital, the attending physician or other suitable health professional determined by the hospital.

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