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.