

plication of any person having a legitimate interest in the welfare of the proposed patient. No liability, either civil or criminal, shall attach to any such applicant who makes the application in good faith and with reasonable grounds.

(c) Each such application for admission to a facility shall:

- (1) be in writing and dated;
- (2) be in such form as may be required by the Department; or in respect to Veterans' Administration Hospitals, meets the requirements of that administration;
- (3) contain a description of the relationship of the applicant to the prospective patient;
- (4) be signed by the applicant, and
- (5) be accompanied by the certificates of two physicians that the prospective patient has a mental disorder, and for his protection or others, needs inpatient care or treatment.
- (6) It may contain such additional information as the Department may require.

(d) (1) Each physician's certificate shall be in substantially the following form:

PHYSICIANS CERTIFICATE TO ACCOMPANY APPLICATION FOR INVOLUNTARY ADMISSION

Patient's Name

At the time of my examination, the above named patient showed the following symptoms:

Physical (Illness, Injury, Deformity)
.....
.....

Mental (History and Mental Status)
.....
.....

I hereby certify that on, 19....., I, a graduate of Medical College and licensed to practice in the State of Maryland, personally examined the above named patient and believe that he has a mental disorder and that the disorder is of a character which, in my opinion, requires that the patient be placed in a facility for the treatment of the mentally disordered. I am not related by blood or marriage to the patient, nor do I have any financial interest in the facility in which it is proposed to place the patient. I further certify that this certificate is signed and made within one week of the examination of the patient.

Signed: Date:

(2) No certificate shall be used for purposes of admission if based on an examination made more than 30 days prior to receipt of the