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 ratient 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:

- more than 30 days prior to receipt of the application for admission by the facility or the Veterans' Administration hospital.
- physician financially interested, by reason of cwnership or salary, in any private facility in which it is proposed to admit the person whose status is being certified, nor may such physician be related by blocd or marriage to either the prospective patient or the applicant.
- (e) At least once each year, every patient retained by a facility pursuant to this section shall be examined and the certificate required under subsection (d) above shall be again executed. Such certificates shall meet all the requirements of subsection (d), and upon completion, must be reviewed by the superintendent of the facility and filed with the patient's records.

22.

- (a) As used in this subtitle, the following terms shall have the meanings indicated unless a contrary meaning is clearly intended from the context in which the term appears.
- (1) "Emergency admissions" shall mean that process by which an emergency admittee is admitted on an