

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, or I, duly [certified] LICENSED to practice psychology under the [Psychologists' Certification] MARYLAND PSYCHOLOGISTS Act and listed in the National Register of Health Service Providers in Psychology, 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 application for admission by the facility or the Veterans' Administration hospital.

(3) No certificate shall be executed by any physician or [certified] LICENSED psychologist financially interested, by reason of ownership or compensation, in any proprietary facility in which it is proposed to admit the person whose status is being certified, nor may such physician or psychologist be related by blood or marriage to either the prospective patient or the applicant.

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.

(4) "Mental disorder" means the behavioral and other symptoms which to a lay petitioner initiating the emergency admission process indicate a clear disturbance in the mental functioning of another person, and to a physician or [certified] LICENSED psychologist conducting an examination indicate one or more of the mental disorders