

**I N S T R U C T I O N S**

This form is to be completed by a physician in order to revoke a patient's status as an involuntary patient under Form 7 (Certificate of Involuntary Admission) or Form 11 (Certificate of Renewal of Involuntary Admission).

Copies of this form must be provided to the:

- Capability and Consent Board (fax 867-633-6954);
- Chief Executive Officer, Whitehorse General Hospital;
- patient; and
- next-of-kin, proxy, or guardian, if available.

**IN THE MATTER OF** the *Mental Health Act*

**AND IN THE MATTER OF** \_\_\_\_\_, hereinafter called the person.  
Name of patient

I, \_\_\_\_\_, a medical practitioner licensed to practise in the Yukon Territory,  
examined this person on \_\_\_\_\_ at \_\_\_\_\_.  
Date (day/month/year) Time (a.m./p.m.)

I am of the opinion that this person is not, or is no longer suffering from, a mental disorder the consequence of which is likely to cause serious bodily harm to himself/herself or to others or to cause substantial mental or physical impairment if he/she is not admitted or retained as an involuntary in-patient.

**I HEREBY REVOKE** the following certificates in effect respecting this person.

- Form 7 (Certificate of Involuntary Admission)
- Form 11 (Certificate of Renewal of Involuntary Admission)

**DATED** at \_\_\_\_\_,  
this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_ year.  
month

\_\_\_\_\_  
SIGNATURE OF PHYSICIAN  
\_\_\_\_\_  
PRINTED NAME OF PHYSICIAN