

**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.

**Form D added: O.I.C. 2007-239, N.S. Reg. 236/2007.**