

PROBATE COURT OF FRANKLIN COUNTY, OHIO

IN THE MATTER OF _____

CASE NO. _____

CERTIFICATE OF EXAMINATION

Patient's Name: _____ Age: _____ Sex: _____

Race _____ Date of Birth.: _____ Place of Birth: _____

Patient's Address: _____

The undersigned certifies that he is a licensed _____

of the State of Ohio, and that the following are facts relating to the examination of the above named patient.

I further certify that I have, with care and diligence, personally observed and examined the named patient on the

_____ day of _____, 20____. That said patient was examined at

_____ and as a result of such examination, I believe

said patient is is not in need of _____

as requested by _____ for reasons outlined below.

REMARKS: Please indicate the condition needing attention and the most desirable method of treatment:

Name

Address