

**PROBATE COURT OF FRANKLIN COUNTY, OHIO  
ROBERT G. MONTGOMERY, JUDGE**

IN RE:

Case No.: MI-\_\_\_\_\_

\_\_\_\_\_  
Respondent

**CERTIFICATE OF EXAMINATION**

\_\_\_\_\_  
Patient's Name

**Mount Carmel West**  
\_\_\_\_\_  
Patient's Address

\_\_\_\_\_  
Age          Sex          Race

**793 W. State St.**  
\_\_\_\_\_

\_\_\_\_\_  
Date of birth          Place of birth

**Columbus          Franklin          OH          43222**  
\_\_\_\_\_  
City                  County                  State                  Zip Code

The undersigned certifies that he / she is a licensed \_\_\_\_\_, in 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:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Examiner's Signature

\_\_\_\_\_  
Printed Name          Address