

# CERTIFICATE OF EXAMINING PHYSICIAN

To Support an Application for  
Involuntary Admission

Person's Name (Last, First, M.I.)

Saunders, Kevin

Sex: M

Date of Birth: 5/1/50

Address: 11608 Trumansburg Rd.

## CERTIFICATION

I, Arthur Roemelt, hereby certify that:  
(Name of Examining Physician)

1. I am a physician licensed to practice medicine in New York State.
2. I have with care and diligence personally examined the above named person

on: 

8	4	0	4	0	3
MO.	DAY	YEAR			

 at Cayuga Medical Center  
(place where examined)

3. I find:
  - a. this person is in need of involuntary care and treatment in a hospital providing inpatient services for the mentally ill ("in need of involuntary care and treatment" means that the person has a mental illness for which care and treatment as a patient in a hospital is essential to such person's welfare and whose judgment is so impaired that he or she is unable to understand the need for such care and treatment); and
  - b. as a result of his or her mental illness, this person poses a substantial threat of harm to self or others ("substantial threat of harm" may encompass (i) the person's refusal or inability to meet his or her essential need for food, shelter, clothing, or health care, or (ii) the person's history of dangerous conduct associated with non-compliance with mental health treatment programs).
4. I have formed my opinion on the basis of facts and information I have obtained (described below and on the reverse side) and my examination of this person.
5. I have considered alternative forms of care and treatment but believe that they are inadequate to provide for the needs of this person, or are not available.
6. If this person has to my knowledge received prior treatment, I have, insofar as possible, consulted with the physician or psychologist furnishing such prior treatment.
7. To the best of my knowledge and belief, the facts stated and information contained in this certificate are true.

Signature <u>Arthur Roemelt</u>	Print Name Signed <u>Arthur Roemelt</u>	Title <u>MD, Psychiatrist</u>
Address <u>101 Debes Drive</u>	Phone Number <u>607-256-2744-4304</u>	Date Mo. <u>7</u> Day <u>4</u> Yr. <u>03</u> Time <u>11</u> <u>54</u> <u>AM</u>
<u>Agitated, confused, delirious. Not taking care of</u>		
<u>himself and making threats towards others. Judgment</u>		
<u>severely impaired and dangerous to both himself and others</u>		
<u>secondary to psychosis. Arthur Roemelt</u>		