

SECTION B: TO BE COMPLETED BY A DOCTOR REGISTERED WITH SINGAPORE MEDICAL COUNCIL

DOCTOR'S CERTIFICATION FOR PERSON NEEDING ASSESSMENT WHO LACKS MENTAL CAPACITY

Name of Person Needing Assessment: _____

Person Needing Assessment's Sticky Label

NRIC/ Birth Certificate No.
of Person Needing Assessment: _____

Lack Of Mental Capacity To Provide Consent

Does the person needing assessment lack mental capacity to give consent for the application for, or handling of monetary payouts from, long-term care schemes?

Yes No

If yes, is the lack of mental capacity likely to be permanent?

Yes No

Doctor's Declaration And Signature

I have assessed the above Person Needing Assessment and confirm that the information set out in this Section B is true and correct to the best of my knowledge.

I declare that the Person Needing Assessment is related to me, or otherwise known to me outside my capacity as a registered healthcare professional. The Person Needing Assessment is my family member or relative / friend / employer / employee / others*(please elaborate: _____). **Please delete accordingly.*

Name, MCR No. and
Signature of Doctor

Stamp of Clinic/ Hospital

Date

Tel / Fax Nos.