

An individual applying for a security worker licence must provide particulars of any mental condition for which the individual has received treatment: Security Services Act, s. 3, Security Services Regulations, s. 4(1)(e). The same reporting requirements apply to any individual who is in the control of, or has the ability to control, a security business: Security Service Act, s. 13, Security Services Regulations, s.4(2)(c).

THIS FORM: can be downloaded from www.pssg.gov.bc.ca/securityindustry/worker/forms-guide.htm (SPD0511). You may complete this form at your computer or by hand. If more space is required, use the reverse side or attach your notes to this form.

PART 1: PATIENT INFORMATION

Name: (Surname) _____ (Legal Given) _____ (Middle) _____

Date of Birth: (year/month/day) _____

PART 2: PHYSICIAN'S REPORT

1) Provide a detailed definition of the patient's mental condition:

2) Can this mental condition interfere with the patient's ability to work and/or interact with people? No Yes

In the case of an individual who is in the control of, or has the ability to control, a security business, can this mental condition interfere in the patient's ability to control or manage a security business? No Yes

.... if yes, describe:

3) Is this patient required to take medications for the condition ? No Yes if yes, describe:

4) Do you have any concerns with the patient's condition and the position he or she wishes to hold, or does hold, as a security worker or in a security business? No Yes if yes, describe:

Physician's Stamp:

Physician's Signature: _____

Date Signed: (year/monthday)_____