SUPPLEMENT TO
THE
SWAZILAND GOVERNMENT
GAZETTE

CONTENTS

PART C — LEGAL NOTICES

67. Prescribed Forms and Certificates ........................................... S1

PUBLISHED BY AUTHORITY.
Form I

MENTAL HEALTH ORDER, 1978
APPLICATION FOR ADMISSION AS A VOLUNTARY PATIENT
Under Sec. 4 (2) and (3)

To:
The Superintendent Hospital

I ___________________________________________ Occupation ____________________________
of Chief ____________________________________ Induna ____________________________

Address: ____________________________________________________________

Hereby apply for the admission and treatment of:

*myself, being over the age of 18 years

or of __________________________________________________________

being a minor under the age of 18 years

or of __________________________________________________________

who is my ____________________________________ (state relationship)

I also agree that at least seven days notice of intention to leave the hospital must be given to the superintendent.

Signature of Witness ____________________________________________
Signature (or thumb print) of Applicant. ____________________________

Place: ____________________________________________ Date: ____________________________

*Delete whichever is inapplicable.
MENTAL HEALTH ORDER 1978
APPLICATION FOR PATIENT'S ADMISSION
(Under Section 6(1))

To:
The Medical Superintendent, [Hospital Name]

(a) Particulars of applicant:
Name: ___________________________ Age: _______________
Occupation: ___________________________
Address: ___________________________

(b) Particulars of person for whom admission is sought—(thereafter called the patient):
Name: ___________________________ Age: _______________
Occupation: ___________________________ Sex: _______________
of Chief: ___________________________ Induna: ___________________________
Address: ___________________________

(c) Name and address of relative or other person who will be responsible for the patient on his/her discharge:
Name: ___________________________ Relationship: ___________________________
Chief: ___________________________ Induna: ___________________________
Address: ___________________________

(d) I declare I am the person described in (a) and I hereby make an application for admission of the patient described in (b).

(e) I believe that the patient is mentally disordered or defective and my reasons for so believing are as follows:

(f) State relationship to the patient: He/She is my ___________________________

(g) I am not related to the patient and I have made the application because ___________________________

(h) I personally saw the patient on the ___________ day of ___________ 19_________ (Within seven days immediately preceding the date of the signing of this application.)

Date: ___________________________ Signature of applicant.

Notes:
This form is to be completed in triplicate and is to accompany the patient.
Names and addresses to be printed in BLOCK CAPITALS.
MENTAL HEALTH ORDER NO. 20 OF 1978
MEDICAL CERTIFICATE
(Under Section 6 (3)

(a) I ____________________________________________________________________________ residing at ____________________________________________________________________________ being a registered Medical Practitioner hereby certify that on the __________ day of __________ 197... at ____________________________________________________________________________ I personally examined ____________________________________________________________________________

(hereinafter called the patient) of
Chief: ____________________________________________________________________________
Induna: ____________________________________________________________________________
whose address is ____________________________________________________________________________

(b) As a result of the examination I am of the opinion that the patient is mentally disordered.

(c) The following facts indicative of mental disorder or defect have been observed by me at the time of the examination above:—

(d) The following facts indicative of mental disorder have been communicated to me:
(Set our communications by other persons, with names and addresses of these persons).

(e) The following treatment has been given the patient in respect of his/her mental condition:

(f) The bodily health and condition of the patient is as follows:

(g) Is any communicable disease or any injury present: YES NO? If yes, what:

(h) In my opinion the patient is approximately __________ years of age.
I hereby certify that I am a registered Medical Practitioner.

Signature and qualification of Medical Practitioner.

Dated at ____________________________________________________________________________ this __________ day of __________ 19...

Notes:
This Certificate is to be completed in triplicate, names and addresses printed in Block Capitals.
N.B. This medical certificate may not be signed by the person applying for the admission of the patient.
MENTAL HEALTH ORDER, 1978
MEDICAL REPORT
Under Section 6. (5).

To: The Director of Medical Services

Patient: ____________________________________________

Date admitted: _________________________________________

I examined this patient on * _________________________________________

His/her mental condition since admission has

   (a) improved
   (b) deteriorated
   (c) remained unaltered**

Present Condition:

Place: ___________________________ Date: ______________

_________________________________________________________________
Medical Superintendent

Notes:

*Insert date (not less than two nor more than ten days after date of reception order.)

**Delete as necessary.
Mental Health Order, 1978

Notice of Admission

Under Section 6(6)

To:

The District Commissioner ...................................................................................................................... District

The following patient has been admitted.

Name: ..................................................................................................................................................

Date of admission: ..................................................................................................................................

Name of nearest relative: ............................................................................................................................

Chief: ......................................................................................................................................................

Address: .................................................................................................................................................

............................................................................................................................................. Date

............................................................................................................................................. Medical Superintendent.

............................................................................................................................................. Hospital.
MENTAL HEALTH ORDER 1978
NOTIFICATION OF DISCHARGE OR DEATH
Under Sec. 6, (8) or Sec. 7 (10)

NAME OF PATIENT: ____________________________________________________________

HOSPITAL NUMBER: __________________________________________________________

DATE OF ADMISSION: _________________________________________________________

The above named patient has been *discharged (permanently/on leave* on _______________(date) ___________________________ or

*The above named patient died on ____________________________________________ (date)

Date: ______________________________________________________________________

Medical Superintendent

To:

(1) Director of Medical Services

(2) District Commissioner ___________________________ District.

(3) Registrar, High Court.

(Detention Order No: MP/A/ / .)

*Delete as necessary.
MENTAL HEALTH ORDER, 1978
MEDICAL REPORT
Under Sec. 6(9) or Sec. 7 (6) and (8)

To: The Registrar, High Court of Swaziland.

I examined _______________________________________________ on __________________________

His/her mental condition during the period of his/her detention since the issue of the Reception Order has

(a) improved
(b) deteriorated
(c) remained unaltered**

Present Condition:
In my opinion he/she should be

(a) discharged
(b) detained until __________________________________________
(c) detained for an indefinite period.**

Dated at ______________________________ this __________ day of ____________ 19 __________

__________________________________________
Medical Practitioner.

Notes:
*Insert date (not less than two or more than ten days of reception order.)

**Delete as necessary.

This Medical Certificate is to be completed in triplicate, name and address PRINTED IN BLOCK CAPITALS.

Copy to the Director of Medical Services.
MENTAL HEALTH ORDER 1978

NOTIFICATION OF ABSCONDING

Under Sec. 6 (13) and Sec. 7 (11)

To: (1) The Director of Medical Services
    (2) The Station Commander, Royal Swaziland Police
        Police Station
    (3) The Registrar, High Court
        (If patient was detained under a Judge's Order.)

Name of patient: ..............................................................................................................................
Hospital Number: ..............................................................................................................................
Detention Order No: MP/A/ / / (if applicable)
Date of Admission: ............................................................................................................................

The above named patient absconded from this hospital on ........................................

Date: ............................................................................................................................................

Medical Superintendent/Officer.

Hospital
MENTAL HEALTH ORDER NO. 20 OF 1978
REPORT ON MENTAL AND PHYSICAL CONDITION
(Under Section 7. (4) )

Name of patient: ____________________________ Hospital No: __________
Age: ___________ Sex: ___________ Date of admission ___________

(a) Present state of physical condition:
   Height ___________ Weight ___________ Gain/Loss (during year) __________

(b) List of diseases or injuries suffered since last report (if any);

(c) Comments on mental condition:

(d) General remarks or observations (if any):

Date: ____________________________________

______________________________
Officer in Charge/Medical Superintendent.

Notes:

This report is to be submitted annually for the first three years to the Director of Medical Services, Ministry of Health, and thereafter in the sixth year and then every three years.

A report shall be submitted in the month corresponding to that in which the patient was admitted.