

SUPPORTING MEDICAL CERTIFICATE OF TRANS-SEXUAL SURGERY

Vital Statistics Act Section 27

I, _____ hereby certify
(PLEASE PRINT)

1. That I am a physician qualified and licenced to practice medicine in

(PROVINCE/STATE)

(COUNTRY)

This supporting certificate must be completed by a medical practitioner who did not perform the trans-sexual surgery, but who is qualified and licensed to practice medicine in the jurisdiction where the applicant resides. If outside British Columbia, certified evidence of licence to practice medicine in that jurisdiction must be attached.

2. That I medically examined

(GIVEN NAMES)

(SURNAME)

on _____ and that the results of my examination substantiate
(DATE)

the certificate of the practitioner who performed the trans-sexual surgery:

Dr. _____ dated _____ .

3. The trans-sexual surgery is complete by acceptable medical standards and

(FULL NAME OF PATIENT/CLIENT)

should be recognized as being of the _____ sex.
(MALE/FEMALE)

Signature _____

BC MSP # _____

Address _____

Date _____