



Use this form if the doctor does not support Health Canada Application for cannabis (marihuana)

Doctor's Name: _____

Reasons given by doctor	Initials Patient	date	Initials Witness	date
It is against provincial "College of Physicians and Surgeons" policy/guidelines				
It is against "Canadian Medical Associations" policy/guidelines				
It is against "The Canadian Medical Protective Association" policy/guidelines				
It is against clinic policy/guidelines				
It is illegal				
A special license is needed				
Not allowed to sign for category 2 even if a specialist has been consulted.				
Refused to consult with a doctor that does recommend.				
Does not provide a referral to a doctor who does sign				
Doctor refuses to give reason				
Other reason: _____ _____ _____				

Patients Name: _____

Patients Signature: _____

Date: _____

Witnesses Name: _____

Witnesses Signature: _____

Date: _____