
SCHEDULE B.—CERTIFICATE.

I, the undersigned^(a) and in actual practice,
 being^(b) hereby certify that I, on the _____ day of _____
 18____ at^(c) _____ in the County of _____
 separately from any other Medical Practitioner, personally examined^(d) _____
 of^(e) _____ and that the said _____
 is a person of unsound mind, and a proper person to be taken care of, and detained under care and treatment; and that I have formed this opinion on the following grounds, viz.:

(a) Name in full.
 (b) Qualification.

(c) Locality.

(d) Name in full.
 (e) Residence.
 (f) Occupation.

1. Facts, indicating insanity, observed by myself.*

1. Appearance.
 2. Conduct.
 3. Conversation.

2. Facts, indicating insanity, communicated to me by others.^(g)

(g) State the information and from whom.

Name,

Place of Residence,

Date.

N. B.—Two Certificates, (dated within one month of the commitment) are required in every case. The second should not be signed by the father, brother, son or assistant of the Medical Practitioner who signed the first certificate.

* The facts upon which (from personal observation) the opinion of insanity has been formed, should always be specified.