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 SCHEDULE B.—CERTIFICATE.
 

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(a) Name in full. I, the undersigned<sup>(a)</sup>  
 (b) Qualification. being<sup>(b)</sup> and in actual practice,  
 hereby certify that I, on the day of  
 (c) Locality. 18 at<sup>(c)</sup> in the County of  
 separately from any other Medical Practitioner, person-  
 ally examined<sup>(d)</sup>.  
 (d) Name in full. of<sup>(e)</sup> (f) and that the said  
 (e) Residence. is a person of unsound  
 (f) Occupation. mind, and a proper person to be taken charge of, and  
 detained under care and treatment; and that I have  
 formed this opinion on the following grounds, viz.:

## 1. Facts, indicating insanity, observed by myself:\*

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

2. Facts, indicating insanity, communicated to me by others:<sup>(g)</sup>

(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.

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