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SCHEDULE B.—CERTIFICATE.

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(a) Name in full, I, the undersigned <sup>(a)</sup> and in actual practice,  
 (b) Qualification, being <sup>(b)</sup> hereby certify that I, on the \_\_\_\_\_ day of \_\_\_\_\_  
 (c) Locality, 18 \_\_\_\_\_ at <sup>(c)</sup> \_\_\_\_\_ in the County of \_\_\_\_\_  
 (d) Name in full, separately from any other Medical Practitioner, person-  
 (e) Residence, ally examined <sup>(d)</sup> \_\_\_\_\_ and that the said  
 (f) Occupation, of <sup>(e)</sup> \_\_\_\_\_ 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.:

1. Appearance.  
 2. Conduct.  
 3. Conversation.
1. Facts, indicating insanity, observed by myself:
- (g) State the information, and from whom.
2. Facts, indicating insanity, communicated to me by others: <sup>(g)</sup>

Name,

Place of Residence,

Date.

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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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