

### SCHEDULE B.—CERTIFICATE.

(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-  
 (d) Name in full. ally examined<sup>(d)</sup>  
 (e) Residence. of<sup>(e)</sup> (f)  
 (f) Occupation. 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:

1. Appearance
  2. Conduct.
  3. Conversa-  
tion.
1. Facts, indicating insanity, observed by myself :\*

2. Facts, indicating insanity, communicated to me by others:<sup>(g)</sup>
- (g) State the in-  
formation,  
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.