

FORM (B.) [Article 3.]

Medical Certificate.

I, the undersigned, do hereby certify that I have this day personally examined _____, a person chargeable to the _____ Union [or Parish of _____], and that the said _____ is in my opinion a chronic and harmless lunatic, idiot, or imbecile, such as might be lawfully retained in a Workhouse, and a fit person for admission into the Metropolitan District Asylum at _____; and that I have formed this opinion upon the following grounds; viz.—

1. Facts observed by myself. [*Here state the facts.*]

2. Facts (if any) communicated to me by others. [*Here state the information, and from whom obtained.*]

I hereby also certify that the said _____ is not at the present time to the best of my belief suffering from any contagious or infectious disease, and that in my judgment, after examination duly made for that purpose, the journey to the Asylum is not likely to prove detrimental to him, either by reason of advanced age or in consequence of his being affected by disease of the heart, lungs, or other organ.

_____ Medical Officer of the _____ District [or Workhouse] of the _____ Union [or Parish of _____].

Dated this _____ day of _____ 187__.

FORM (C.) [Article 3.]

Report to Guardians to be signed by the Chairman, Vice-Chairman, or a Member of the Visiting Committee, of the Board of Guardians of the Union or Parish from which a Pauper is to be sent to an Asylum.

I, the undersigned, being _____ of the _____ Union [or Parish] having on the _____ day of _____ 187__ personally seen _____ a pauper residing in the said Union [or Parish], proposed to be sent to the Metropolitan District Asylum for Imbeciles at _____, do hereby declare that I am satisfied that the said _____ is a proper person to be sent to that Asylum.

Signature _____

Date _____

FORM (D.) [Article 7.]

Report of Medical Superintendent, after Examination of Pauper on Admission.

METROPOLITAN DISTRICT ASYLUM AT _____,

The following Report is transmitted to the Guardians of the _____ Union [or Parish] after examination by me this day of _____, a pauper admitted into the above Asylum chargeable to that Union [or Parish].

Date of Admission.	Observations as to the state of cleanliness of the Pauper on Admission.	If any bruises or marks of violence appear on the Pauper, insert particulars. If not, state "None."

Signature _____ Medical Superintendent.

Date _____