

Commonwealth of Massachusetts

MEDICAL CERTIFICATE OF INSANITY

IN THE MATTER OF _____

I, _____, a permanent resident of _____, County of _____, being duly sworn, do certify with the exceptions hereinafter noted:

1. I am registered in accordance with the Commonwealth law, that I have personally examined the patient _____ of the County of _____, Commonwealth of Massachusetts, and that I am not related by blood or marriage to said person.

2. I also certify that to the best of my medical knowledge, the said _____ is a _____ incurable at home, and that _____ being at large is a danger to life or property _____, that _____ malady is of a more or less permanent character and not a delirium, and that _____ cannot conduct _____ usual work or business.

3. I have formed the above opinion upon the subjoined facts, vis:

a. Facts indicating insanity personally observed by me, as follows:

The patient said (here state what was said to each examiner separately, unless it was said in the presence of both):

The patient did (here state what the patient did before each examiner separately, unless it was done in the presence of both):

The patient's appearance was:

b. Other facts indicating insanity, including those communicated to me by others, as follows (state what changes, if any, have taken place in the patient's mental condition and bodily health):

4. That the answers to the interrogations given above are true to the best of my knowledge, information, and belief.

Examiner _____

Sworn and subscribed before me, this _____ day of _____, 19_____, the examiner being known to me as a physician in good standing in the Commonwealth of Massachusetts.

Judge _____