

Doctors Address:

.....  
.....

To the Divisional Returning Officer

Division of .....

### Medical Certificate

*(Commonwealth Electoral Act 1918 – s.93(8)(a))*

I am a registered medical practitioner and consider that the person whose details appear below is, by reason of being of unsound mind, incapable of understanding the nature and significance of enrolment and voting.

**Patient's family name:** .....

**Patient's given names:** .....

**Date of birth:** .....

**Current address:** .....

.....

**Former address** (if known): .....

.....

**Doctor's signature:** ..... **Date** .....

**Doctor's full name:** .....

(Block Letters)