

Dengue.
 Diphtheria.
 Enteric fever (typhoid fever, para-typhoid fever).
 Encephalitis lethargica.
 Erysipelas.
 Influenza.
 Leprosy.
 Measles and German measles.
 Mumps.
 Ophthalmia neonatorum.
 Plague (bubonic or pneumonic).
 Pulmonary tuberculosis.
 Puerperal fever (including puerperal septicæmia and puerperal sapræmia).
 Scarlet fever (scarlatina).
 Smallpox (including varioloid and alastrim).
 Trachoma (granular conjunctivitis, granular ophthalmia).
 Typhus.
 Whooping-cough.
 Venereal disease in a communicable form.
 Yellow fever.

PART B. NOTIFIABLE INFECTIOUS DISEASES.

Acute poliomyelitis (infantile paralysis).
 Anthrax.
 Cerebro-spinal fever (cerebro-spinal meningitis).
 Cholera.
 Diphtheria.
 Encephalitis lethargica.
 Enteric fever (typhoid fever, para-typhoid fever).
 Erysipelas.
 Fulminant influenza.
 Pneumonic influenza.
 Plague (bubonic or pneumonic).
 Puerperal fever (puerperal septicæmia and puerperal sapræmia).
 Scarlet fever (scarlatina).
 Septicæmic influenza.
 Smallpox (variola, including varioloid, alastrim, anaas, Cuban itch, and Philippine itch).
 Typhus.
 Yellow fever.

SECOND SCHEDULE.

Department of Health.

[Form 1.]

APPLICATION FOR A LICENSE TO CONDUCT A PRIVATE HOSPITAL.

To the Hon. the Minister in Charge of Hospitals.

I [We] [*Full name*] hereby make application for a license to keep a private hospital in the under-described premises, in accordance with section 108 of the Hospitals and Charitable Institutions Act, 1909.

Enclosed are two references as to character and fitness from

Nature of cases proposed to be treated: (1) Surgical cases;
 (2) medical cases; (3) midwifery cases; (4) fever cases.

[*N.B.—Strike out all headings not applicable.*]

Number of patients proposed to be received.

Number of staff: Registered, ; unregistered, ;
 domestic, (in addition to Matron).

Dated this day of , 192 .

*Signed—[Name of applicant].**[Address and occupation.]**Signed—[Name of Manager].**[Address and occupation.]*

PREMISES.

Estate or interest of applicant therein :

Description of site: . Area of ground: . Plan
 of building as attached: . Aspect:

Number of stories: . Materials, brick, wood, &c.: .

Drainage: . Water-supply:

Baths (a) For staff only, ; description, . (b) For
 patients only, ; description, . (c) Total, .