Firearms Act 2015 & Firearms Regulations 2017 PD486A

MEDICAL NOTIFICATION TO REGISTRAR OF FIREARMS

If immediate Police attendance is required, contact the Police Call Centre on 131 444.

Government of South Australia

PLEASE EMAIL COMPLETED FORM TO THE SOUTH AUSTRALIA POLICE FIREARMS BRANCH
Email: SAPOL.FirearmsMedicalNotifications@police.sa.gov.au title subject 'URGENT MEDICAL NOTIFICATION'

Patient's Firearm's Licence No.: *(if known)*

PATIENT'S DETAILS

Surname					
First Name		Middle Name(s)			
Home Address				Postcode	
Telephone Numbers	Mobile		Date of Birth	Sex	☐ M ☐ F
	Home		Occupation		

Time and date patient examined / spoken to: ..... : ..... ☐ AM ☐ PM ..... / ..... / .....

A - Notification in relation to unsafe situation associated with firearms:

Detained: ☐ Yes ☐ No Location: .....

Result of police detention: ☐ Yes ☐ No

Exact nature / name of illness, condition or disorder (including long term prognosis):

Reason(s) why person is considered not safe to possess firearms (including their ability to access firearms *(if known)*):

South Australia Police

PD486A

MEDICAL NOTIFICATION TO REGISTRAR OF FIREARMS

B - Notification in relation to wound suspected to be inflicted by firearm:

Details of wound, including any ammunition recovered and version of events provided by patient:

A person incurs no civil or criminal liability in making a report in good faith in compliance, or purported compliance, with regulations 96 and 97 of the *Firearms Regulations 2017*.

PRESCRIBED PERSON DETAILS **(This form MUST be submitted by a Prescribed Person - Reg 96, *Firearms Regulations, 2017*)**

Surname: ..... Given Name(s): .....

Profession: ..... Organisation: .....

(e.g. Unit, Clinic, Ward, Hospital)

Email Address: .....

Contact Telephone / Mobile: ..... Date Submitted: / /

PLEASE EMAIL COMPLETED FORM TO THE SOUTH AUSTRALIA POLICE FIREARMS BRANCH

Email: SAPOL.FirearmsMedicalNotifications@police.sa.gov.au title subject 'URGENT MEDICAL NOTIFICATION'

Note: If you are not currently connected to email, please print this form and **immediately** fax it to Firearms Branch on (08) 7322 4182.