



OFFICIAL: Sensitive

Firearms Act 2015 & Firearms Regulations 2017

PD486A



Government
of South Australia

MEDICAL NOTIFICATION TO REGISTRAR OF FIREARMS

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

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)

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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)):

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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*.

The information contained in this email / facsimile is confidential and may also be the subject of legal professional privilege or public interest immunity. If you are not the intended recipient, any use, disclosure or copying of this document and or its attachments is unauthorised. Please telephone (08) 7322 3346 as soon as possible and then return it by mail to South Australia Police, GPO Box 1539, Adelaide SA 5001.

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: / /

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