



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		<input type="checkbox"/> M <input type="checkbox"/> 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
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PD486A

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: <small>(e.g. Unit, Clinic, Ward, Hospital)</small>
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.