

Firearms Medical Report Contact and Application Form

In order to process your application we need some basic information personal and medical information. Please provide those details that are available.

Personal Details:

Name _____
Date of Birth _____
Name or Apartment Number _____
Street _____
City/Town _____
County _____
Post Code _____
Telephone number _____
email _____

General Practice Details:

Name of GP _____
Name of Surgery _____
Street _____
City/Town _____
County _____
Post Code _____
Telephone Number _____
email _____

Firearms Officer:

Name _____
Office _____
Street _____
City _____
County _____
Post Code _____
Telephone Number _____
email _____

Have you declared any medical conditions on your application form? Yes/No

If you have declared any conditions please detail here:

1. _____
2. _____
3. _____

Firearms Medical Report Consent Form

You have requested a medical review of your records to support your application for a firearm or shotgun certificate. To complete this review I will need a copy of your medical records and your formal permission to hold and review your records.

What we need

I will need a full copy of your medical records. You are entitled to a copy of your records without charge under the General Data Protection Regulations. Your practice is required to respond to your request and provide you with a copy of your records within 30 days. Your GP might offer you several alternatives. A summary print out is insufficient for this review. The copy must include all of your records including specialist letters and copies of the old records cards, once known as 'Lloyd George' cards. These records can either be posted or dropped off for my attention (Dr Ian Mckenzie) at Pencester Surgery, 10 Pencester Road, Dover, CT16 1BW or if in electronic form sent to my nhs email address i.mckenzie@nhs.net

Why we need your records

The Police have asked that we conduct a review of your records checking that:

- There are no records of Acute Stress Reaction
- There are no records of Suicidal Thoughts or Self Harm
- There are no records of Dementia
- There are no records of Mania, Bipolar Disorder, Psychotic Illness or a Personality Disorder
- There are no records of any Neurological Conditions
- There are no records of any Alcohol or Drug Abuse
- There is no formal diagnosis of Depression
- There is no reference to any other mental or physical condition that in my opinion is relevant

To complete this review I need to review a full and complete set of your medical notes.

What we will do with your records

On receipt of your records I, or a member of my staff, will check page numbers and date sequences and document any gaps in your records. I will then conduct a review against the above criteria. Should any entries fitting the above list be found they will be included in the report. If this happens you can expect that your Firearms Officer will contact you and interview you as part of the process for issuing your certificate. I am only conducting a review of your records to support a factual report relating to the above list and cannot make any recommendation about your suitability to hold a firearms licence to the Police. Only the Police can make a decision to issue your certificate.

How we will dispose of your records

We will retain your records until you inform us that your application has been completed or for six months, whichever event occurs first. We will happily return your records to you if you wish, or dispose of them through an official confidential waste service. Electronic records will be deleted. We will retain the contact and application form, the consent form and the report sent to the police.

By signing below you are consenting to the processes and actions outlined above.

Name		Signature		Date	
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