

CONFIDENTIAL – MEDICAL (when complete)



Cambs LMC
Representing • Supporting • Advising



Bedfordshire & Hertfordshire
Local Medical Committee Ltd
Working in partnership for excellence in General Practice

Medical Information proforma

Any attempt at amending this form after the GP has completed it is a criminal offence under Section 28A(7) of the Firearms Act. If you knowingly or recklessly make a false statement for the purpose of procuring the grant or renewal of a certificate, the maximum penalty is six months imprisonment and/or a fine.

Please note that Police are seeking factual information on the patients' health and wellbeing and are not seeking that you make a decision on whether they should be granted a Firearms or Shotgun certificate. The responsibility to make this decision lies solely with Police.

GRANT (First Application) <input type="checkbox"/>	RENEWAL (Subsequent application) <input type="checkbox"/>
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APPLICANT DETAILS

Title:		Full Name:	
Home Address:			
Date of Birth (dd/mm/yyyy)			

MEDICAL INFORMATION (to be completed by GP)

Please check the patients' medical record for any history (whole record for a grant application, last 10 years only for a renewal) of the following and tick those that apply. If you tick "YES" to any of the following please add further details in the box below to include medication, dosage, date of diagnosis and prognosis. Please limit these details to a statement of fact and not an opinion.

Acute stress reaction as a result of a trauma	Yes <input type="checkbox"/> No <input type="checkbox"/>	Personality disorder	Yes <input type="checkbox"/> No <input type="checkbox"/>
Suicidal Thoughts or self-harm	Yes <input type="checkbox"/> No <input type="checkbox"/>	Any severe neurological impairment (eg Parkinson's, Huntington's, epilepsy or any condition which has required consultation by a neurologist)	Yes <input type="checkbox"/> No <input type="checkbox"/>
Depression or anxiety	Yes <input type="checkbox"/> No <input type="checkbox"/>	Alcohol or drug abuse	Yes <input type="checkbox"/> No <input type="checkbox"/>
Dementia	Yes <input type="checkbox"/> No <input type="checkbox"/>	Any other mental or physical condition of concern	Yes <input type="checkbox"/> No <input type="checkbox"/>
Mania, Bipolar disorder or psychotic illness	Yes <input type="checkbox"/> No <input type="checkbox"/>	Terminal illness within the last 2 years	Yes <input type="checkbox"/> No <input type="checkbox"/>

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Full details if answered yes to any of the above

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Name of GP:		GP STAMP
Signature of GP:		
Date:		

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Your GP's Name:
Address:
Postcode

Your Name
Your date of birth
Your address

Dear Doctor

I intend to apply for / renew a Firearms / Shotgun / Explosives licence. I am required to supply a factual medical report to police Firearms Licensing department, which I am willing to pay for. Should a fee be payable please forward an invoice to my home address / e-mail me a copy.

If you are in any doubt about providing this information, please see the website of the BMA where advice and guidance is provided for GP's <https://www.bma.org.uk/advice/employment/ethics/ethics-a-to-z/firearms>

The report will need to include whether or not I have ever been diagnosed with or been treated for the following conditions/illnesses:

- Acute Stress Reaction or an acute reaction to the stress caused by a trauma
- Suicidal thoughts or self-harm
- Depression or anxiety
- Dementia
- Mania, bipolar disorder or a psychotic illness, or a personality disorder
- A neurological condition: for example, Multiple Sclerosis, Parkinson's or Huntington's diseases, or epilepsy
- Alcohol or drug abuse
- Any other mental or physical condition which may be of concern

Can I please request that only information relating to the relevant medical conditions impacting upon my suitability to possess a Firearm, Shotgun or Explosives are commented upon. The provision of a simple print out of my medical history will not be acceptable for this purpose.

Once the attached proforma has been completed please return to me – (Select one of the following);

By post to the above address / Send a PDF version to my e-mail address

Please note that the Police are seeking factual information about my health and wellbeing and are not asking you to make a decision or give an opinion on whether I am granted a Firearms/Shotgun/Explosive license, the responsibility to make this decision lies solely with Police.

Furthermore, Police request that as per Home Office Guidance (Firearms Licensing) that a 'flag' or reminder code is placed on my record which would enable police to be made aware should any relevant new condition come to light in the future.

Police agree to inform you should my application be refused or my license revoked.

I would be grateful if you could expedite as soon as possible.

Yours sincerely,

Signature;