



**MEDICAL CERTIFICATION FOR USE OF FIREARM IN CLAY TARGET  
EVENTS PURSUANT TO PARAGRAPH 1.1 (D) (I), PART 4, SCHEDULE 6  
OF THE *CUSTOMS (PROHIBITED IMPORTS) REGULATIONS 1956***

File number (office use only)

09/

I, ..... Provider number .....  
(please print name)

of .....

.....

.....

(practice address)

hereby provide that

.....

(name of sports shooter/patient)

is suffering from the medical condition of

.....

which means that he / she requires a self loading shotgun or pump action repeating shotgun to participate in clay target events due to a lack of strength / dexterity (please circle).

I understand that giving false or misleading information is a serious offence.

**SIGNED** as a Medical Certificate

Dated: ..... day of ..... 200

.....

(Signature)

***Please send this completed document to:***

Firearms Policy Unit  
Attorney-General's Department  
3-5 National Circuit  
BARTON ACT 2600