



# Firearms Medicals

Firearm & Shotgun Medical Reporting

Technology House,  
Hadley Park East  
Hadley  
Telford  
TF1 6QJ

Complete all greyed-out sections and delete

*Your name*

*Your email address*

*Your address*

*Your date of birth*

*GP Surgery name*

*Address*

*Date*

Dear *Dr/Practice Manager*,

For the purposes of my firearms/shotgun license application, I have instructed Firearms Medicals to complete my medical proforma. **I therefore consent to Firearms Medicals requesting and obtaining my full medical records in their entirety including any Lloyd George cards.**

As I consent to Firearms Medicals obtaining my medical records on my behalf, please consider their request a subject access request to obtain my medical records free of charge under DPA 2018 (Data Protection Act) and GDPR regulations.

Please send my medical records electronically to [firearms.medicals@everymedical.uk](mailto:firearms.medicals@everymedical.uk) (preferred) or by post to Firearms Medicals, Technology House, Hadley Park East, Hadley, Telford, TF1 6QJ by Special Recorded delivery.

I understand that this request must be processed within 30 days of my request. It is also my understanding that I can apply to the Information Commissioners Office if you are not able to process my request.

Many thanks for your assistance in this request.

Yours sincerely

*Sign*

*Your name*