

Tuberculosis : Appointed Day No. 3

REGULATIONS, DATED THE 6TH DAY OF AUGUST, 1947, MADE BY THE MINISTRY OF HEALTH AND LOCAL GOVERNMENT UNDER THE PUBLIC HEALTH (TUBERCULOSIS) ACT (NORTHERN IRELAND), 1946.

1947 No. 131

The Ministry of Health and Local Government for Northern Ireland, in exercise of the powers conferred on it by the Public Health (Tuberculosis) Act (Northern Ireland), 1946 (hereinafter referred to as "the Act"), hereby makes the following Regulations :—

1.—(1) These Regulations may be cited as the Public Health (Tuberculosis) (Appointed Day No. 3) Regulations (Northern Ireland), 1947.

(2) The Interpretation Act, 1921, shall apply for the purpose of the interpretation of these Regulations in like manner as it applies for the interpretation of an Act of the Parliament of Northern Ireland.

2. The provisions of the Act specified in the Schedule hereto shall come into operation on the first day of September, 1947.

Sealed with the Official Seal of the Ministry of Health and Local Government for Northern Ireland this sixth day of August, 1947, in the presence of :—

(L.S.)

Thos. Elwood,

Assistant Secretary.

SCHEDULE

PROVISIONS OF THE ACT TO BE BROUGHT INTO OPERATION.

Sections 2, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19 and 25.

Tuberculosis Regulations

REGULATIONS, DATED THE FIFTEENTH DAY OF AUGUST, 1947, MADE BY THE MINISTRY OF HEALTH AND LOCAL GOVERNMENT UNDER SECTION TWENTY-THREE OF THE PUBLIC HEALTH (TUBERCULOSIS) ACT (NORTHERN IRELAND), 1946.

1947. No. 142

The Ministry of Health and Local Government for Northern Ireland, in exercise of the powers conferred on it by section twenty-three of the Public Health (Tuberculosis) Act (Northern Ireland), 1946, hereby makes the following regulations :—

1. These Regulations may be cited as the Public Health (Tuberculosis) Regulations (Northern Ireland), 1947.

2. In these Regulations the following expressions have the meanings hereby assigned to them, that is to say :—

- (a) "the Act" means the Public Health (Tuberculosis) Act (Northern Ireland), 1946 ;
- (b) "the Authority" means the Northern Ireland Tuberculosis Authority ;
- (c) "Area Tuberculosis Officer" means such medical officer of the Authority as the Authority may from time to time designate as the Tuberculosis Officer for any area.

3. The Interpretation Act, 1921, shall apply for the purpose of the interpretation of these Regulations in like manner as it applies for the interpretation of an Act of the Parliament of Northern Ireland.

4.—(1) The form of intimation of a sign or symptom of a significant tubercular condition which may be sent to the Authority under section twelve of the Act shall be in the form A in the Schedule to these Regulations or in a form to the like effect.

(2) The form of certificate of diagnosis of tuberculosis required to be sent to the Authority under section thirteen of the Act shall be in the form B or in the form C, as the case may be, in the Schedule to these Regulations or in a form to the like effect.

5.—(1) The officer of the Authority to whom any certificate is, in accordance with the terms of subsections (1) and (2) of section thirteen of the Act, required to be sent shall be the Director of Tuberculosis Services.

(2) The officer of the Authority to whom an order of the court is, in accordance with the terms of subsection (7) of section sixteen of the Act, required to be addressed shall be the Secretary to the Authority.

6. The fee to be paid, in accordance with the terms of section fourteen of the Act, to a medical practitioner in general medical practice in respect of each certificate sent by him to the Authority shall be two shillings and sixpence.

7. Any notice which is required or authorised by or under subsection (1) of section fifteen and subsection (3) of section sixteen of the Act to be given to or served on any person may be given or served either

- (a) by delivering it to that person ; or
- (b) by leaving it, or sending it by prepaid registered post addressed to him, at his usual or last known residence.

8. These Regulations shall come into operation on the first day of September, 1947.

Sealed with the Official Seal of the Ministry of Health and Local Government for Northern Ireland this fifteenth day of August, One thousand nine hundred and forty-seven, in the presence of

Ronald Green,
Assistant Secretary.

PUBLIC HEALTH
SCHEDULE

FORM A

CounterfoilConfidential

NORTHERN IRELAND TUBERCULOSIS AUTHORITY

PROVISIONAL INTIMATION
OF SUSPECTED CASE OF
TUBERCULOSIS

PROVISIONAL INTIMATION OF SUSPECTED CASE OF TUBERCULOSIS

(Public Health (Tuberculosis) Act (Northern Ireland) 1946 ;
Section 12)

Intimation sent to the
Area Tuberculosis
Officer on

To the Area Tuberculosis Officer

I hereby declare that I have examined *

.....19.....

of †

relating to

and I suspect that this patient may be suffering from pulmonary/
non-pulmonary tuberculosis.

of.....

The following are brief details of the case :—

Age of patient.....Sex.....Occupation.....

Age.....Sex.....

Medical condition :—

Occupation.....

Date of Examination

Particulars of Disease :—

I should be grateful if this patient could be specially examined
for tuberculosis and a confidential report sent to me. Attendance
at the tuberculosis clinic can/cannot be arranged.

Signed.....
Medical Practitioner

Address

Date.....

Confidential Report
received on

* Full name of patient.

.....19.....

† Usual place of residence of patient and name of sanitary district
(County Borough, Borough, Urban or Rural District) in which
situate.

CONFIRMED

NOT CONFIRMED

NOTE : This form should be sent, in a sealed envelope, to the
Area Tuberculosis Officer, Northern Ireland Tuberculosis
Authority. If the preliminary suspicion of tuberculosis
be confirmed by the Authority this intimation will be
deemed to be a certificate sent under Section 13 of the Act
and a fee of 2/6 will be paid therefor.

FORM B

Counterfoil

Confidential

CERTIFICATE OF DIAGNOSIS
OF TUBERCULOSIS

NORTHERN IRELAND TUBERCULOSIS AUTHORITY

CERTIFICATE OF DIAGNOSIS OF TUBERCULOSIS

Certificate sent to Director
of Tuberculosis
Services on

(Public Health (Tuberculosis) Act (Northern Ireland) 1946 ;
Section 13 (1))

To the Director of Tuberculosis Services.

.....19.....

I hereby certify that *

relating to.....

of †

of.....

is in my opinion suffering from pulmonary/non-pulmonary
tuberculosis.

The following are brief details of the case :—

Age.....Sex.....

Age of patient.....Sex.....Occupation.....

Occupation.....

Date of examination.....

Date of Examination

Medical condition :—

Particulars of Disease :—

Diagnosis :—

Signed.....
Medical Practitioner.

Address

Date.....

* Full name of patient.

† Usual place of residence of patient and name of sanitary district
(County Borough, Borough, Urban or Rural District) in which
situate.

NOTE : This form, duly completed, must be transmitted within
48 hours of the examination of the patient to—The
Director of Tuberculosis Services, Northern Ireland
Tuberculosis Authority, Belfast. The Authority will pay
a fee of 2/6 for every notification sent by a general medical
practitioner on this form.

FORM C

Counterfoil

Confidential

CERTIFICATE FOLLOWING
DEATH OF PERSON FROM
TUBERCULOSIS

NORTHERN IRELAND TUBERCULOSIS AUTHORITY.

CERTIFICATE FOLLOWING DEATH OF PERSON FROM TUBERCULOSIS

Certificate sent to Director
of Tuberculosis
Services on

(Public Health (Tuberculosis) Act (Northern Ireland) 1946 ;
Section 13 (2))

To the Director of Tuberculosis Services.

.....19.....
relating to.....
of.....

I hereby declare that I have certified the death from tuberculosis
of * who formerly resided
at †

who died on.....19.....
at.....
Age.....Sex.....
Occupation.....
Particulars of case :—

The following are full particulars of the case so far as I am aware
or have been able to ascertain :—

Age.....Sex.....Occupation

Date of death.....Place of death

I last examined the patient (prior to death) on.....19.....

Medical condition :—

I have not previously sent to the Northern Ireland Tuberculosis
Authority a certificate of diagnosis of this case. ‡

Signed.....
Medical Practitioner.

Address

Date.....

* Full name of deceased person.

† Full address of deceased person and name of sanitary district
(County Borough, Borough, Urban or Rural District) in which
situate.

‡ It is not necessary to send this form to the Authority if a certificate
of diagnosis (Form B) has already been sent before the death of
the patient.

NOTE : This form, duly completed, must be transmitted to—The
Director of Tuberculosis Services, Northern Ireland
Tuberculosis Authority, Belfast. The Authority will pay
a fee of 2/6 for every certificate submitted by a general
medical practitioner on this form.