

EXPLANATORY NOTE

(This note is not part of the Regulations but is intended to indicate their general purport.)

These Regulations amend the requirements for registration as a student of the Pharmaceutical Society so as to take into account the revised rules of the Senior Certificate Examination of the Ministry of Education for Northern Ireland.

The list of comparable Examining Bodies has been revised.

1959. No. 49

[C]

PUBLIC HEALTH (TUBERCULOSIS)

REGULATIONS, DATED THE 23RD MARCH, 1959, MADE BY THE MINISTRY OF HEALTH AND LOCAL GOVERNMENT, IN CONJUNCTION WITH THE MINISTRY OF FINANCE; UNDER SECTION TWENTY-THREE OF THE PUBLIC HEALTH (TUBERCULOSIS) ACT (NORTHERN IRELAND), 1946.

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

1. These Regulations may be cited as the Public Health (Tuberculosis) Regulations (Northern Ireland), 1959.

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

“the Act” means the Public Health (Tuberculosis) Act (Northern Ireland), 1946;

“the Authority” means the Northern Ireland Hospitals Authority.

3.—(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.

(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.

4. The officer of the Authority to whom any certificate is, in accordance with the terms of section thirteen of the Act, required to be sent shall be the Senior Administrative Medical Officer.

5. 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.

6. The Public Health (Tuberculosis) Regulations (Northern Ireland), 1947(a), are hereby revoked.

(a) S.R. & O. (N.I.) 1947, No. 142.

7. These Regulations shall come into operation on the 1st day of April, 1959.

Sealed with the Official Seal of the Ministry of Health and Local Government this 20th day of March, nineteen hundred and fifty-nine, in the presence of

(L.S.)

J. L. O. Andrews

Sealed with the Official Seal of the Ministry of Finance this 23rd day of March, nineteen hundred and fifty-nine, in the presence of

(L.S.)

Terence O'Neill.

SCHEDULE

FORM A

Counterfoil

Confidential.

NORTHERN IRELAND HOSPITALS 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

To the Chest Physician, Northern Ireland Hospitals Authority

19.....

I hereby declare that I have examined * 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..... Sex.....

Age of patient..... Sex..... Occupation..... Medical condition:—

Occupation.....

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

Date of Examination

Signed Medical Practitioner

Particulars of Disease:—

Address

Date

Confidential Report

received on

*Full name of patient.

19.....

†Usual place of residence of patient and name of County or County Borough in which situate.

Confirmed

Not Confirmed

NOTE: This form should be sent, in a sealed envelope, to the Chest Physician at the local Chest Clinic of the Northern Ireland Hospitals 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 HOSPITALS AUTHORITY

Certificate of Diagnosis of Tuberculosis

(PUBLIC HEALTH (TUBERCULOSIS) ACT (NORTHERN IRELAND), 1946: SECTION 13(1))

Certificate sent to Senior Administrative Medical Officer on

To the Senior Administrative Medical Officer

..... 19....

I hereby certify that *..... of †..... is in my opinion suffering from pulmonary/non-pulmonary tuberculosis.

relating to.....

The following are brief details of the case:—

of.....

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

.....

Date of Examination.....

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

Medical condition:—

Occupation.....

Diagnosis:—

Date of Examination

Signed.....

Medical Practitioner

Particulars of Disease:—

Address.....

Date.....

*Full name of patient.

†Usual place of residence of patient and name of County or County Borough in which situate.

NOTE: This form, duly completed, must be transmitted within 48 hours of the examination of the patient to—The Senior Administrative Medical Officer, Northern Ireland Hospitals 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

NORTHERN IRELAND HOSPITALS AUTHORITY

Certificate following death of person from Tuberculosis

Certificate following death of person from Tuberculosis

(PUBLIC HEALTH (TUBERCULOSIS) ACT (NORTHERN IRELAND), 1946: SECTION 13(2))

Certificate sent to Senior Administrative Medical Officer on

To the Senior Administrative Medical Officer

19... relating to... of... who died on... 19... at... Age... Sex... Occupation

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

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:—

Particulars of case:—

I have not previously sent to the Northern Ireland Hospitals 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 County or County Borough in which situate.

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

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