



# Government Gazette

OF

## WESTERN AUSTRALIA

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[1965

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Crown Law Department,  
Perth, 25th January, 1965.

THE undermentioned regulations made under the provisions of the Health Act, 1911, and amended from time to time prior to 17th November, 1964, are reprinted as so amended pursuant to the Reprinting of Regulations Act, 1954 by authority of the Minister for Justice.

R. C. GREEN,  
Under Secretary for Law.

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HEALTH ACT, 1911.

### NOTIFICATION OF DISEASES (NON-COMMUNICABLE) REGULATIONS.

Published in the *Government Gazette* on the 29th April, 1958, and incorporating the amendments thereto published in the *Government Gazette* on the 20th November, 1959; and reprinted pursuant to the Reprinting of Regulations Act, 1954.

Reprinted pursuant to the Reprinting of Regulations Act, 1954 by authority of the Minister for Justice, dated 25th January, 1965.

# HEALTH ACT, 1911.

## Regulations.

1. These regulations may be cited as the Notification of Diseases (Non Communicable) Regulations, 1958.

Added by  
G.G. 20/11/59,  
p. 2916.

1A. In these regulations, subject to the context—

“addiction to drugs” means a state of periodic or chronic intoxication produced by the repeated consumption of a drug, which state is often characterised by a desire to continue taking the drug, a tendency to increase the dose and a psychic and physical dependence on the effect of the drug;

“eclampsia” means toxæmia of pregnancy characterised by one or more convulsions and coma.

2. The disease processes and physical or functional abnormalities mentioned in Schedule A of these regulations are prescribed conditions of health for the purposes of Part IXA of the Health Act, 1911-1964.

3. A medical practitioner who becomes aware or suspects that a person is suffering from a condition prescribed in Schedule A to these regulations shall notify the Commissioner in the appropriate form prescribed in Schedule B to these regulations, within forty-eight hours of his becoming aware or suspecting that the person is so suffering.

4. A medical practitioner who notifies the Commissioner in the manner prescribed by regulation 3 of these regulations shall be paid a fee of five shillings by the Commissioner for each such notification received by the Commissioner.

## Schedule A.

1. Addiction to drugs.

2. Any condition for which the administration of a drug of addiction is necessary and which has been treated by the daily (or regular) administration of a drug of addiction for a period of two months.

3. Breast abscess.

4. Eclampsia.

## Schedule B.

### Form No. 1.

#### NOTIFICATION OF PERSON ADDICTED TO DRUGS.

Confidential—To the Commissioner of Public Health.

Name of Addicted Person.....

Home Address.....

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

Particulars of medical condition being treated, stage of disease and prognosis.....

Addiction-producing drug.....

Form in which administered.....

Prescribed dose and frequency.....

Period during which drug has been taken—

(a) Under medical direction.....

(b) Otherwise .....

Do you know or suspect that the patient is obtaining supplies of the drug in addition to those prescribed by you.....

Medical Practitioner.

Address.....

Date.....

## Form No. 2.

## NOTIFICATION OF CASE OF ECLAMPSIA.

Confidential—To the Commissioner of Public Health.

Name of Patient.....  
 District in which patient lives.....  
 Hospital in which treated.....  
 Date of onset of symptoms.....

.....  
Medical Practitioner......  
Address

Date.....

## Form No. 3.

Added by  
 G.G. 20/11/59,  
 p. 2916.

CONFIDENTIAL—TO THE COMMISSIONER OF PUBLIC HEALTH  
 Notification of Patient suffering from a condition for which the  
 administration of a drug of addiction is necessary and which  
 has been treated by the daily (or regular) administration of a  
 drug of addiction for a period of two months.

Name of Patient.....  
 Particulars of disease under treatment (give duration, stage, prog-  
 nosis, etc.).....

.....  
Treatment now ordered (specify drugs and dosage)..........  
Whether patient in hospital or otherwise..........  
Other comments..........  
Date / /.....  
(Signature of Attending Medical Practitioner.)

Added by  
 G.G. 20/11/59,  
 p. 2916.

## Form No. 4.

CONFIDENTIAL—TO THE COMMISSIONER OF PUBLIC HEALTH  
 Breast Abscess Notification.

Name .....

Age.....No. of Issue.....

Abode when symptoms first noticed (hospital, home).....

.....  
If at home state period since discharge from hospital and name of  
 hospital .....

Date / /

.....  
(Signature of Attending Medical Practitioner.)