

Cremation Risk Advice

Public Health Regulation, 2022 Section 103



Name: _____
(Full name in block letters of person providing risk advice).

Of: _____

(Name and address of business)

Phone: _____ E-mail: _____

AHPRA (Australian Health Practitioner Regulation Agency) Registration Number: MED _____

I am a relevant medical practitioner in Australia as defined in Section 103 of *Public Health Regulation 2022*¹.

I am informed that an application has been made or is to be made for the cremation of the remains of

Name of deceased: _____

Date of Birth: __ __ / __ __ / __ __ __ __ (dd/mm/yyyy)

of (Last address of deceased) _____

Date of death: __ __ / __ __ / __ __ __ __ (dd/mm/yyyy)

Place where the deceased died (give address and state whether own residence, lodgings, hotel, hospital, nursing home, etc.)

Did you attend to the person immediately before, or during the illness terminating in, the death of the person? Yes No

Do you have relevant² knowledge of the deceased person's medical history? Yes No

¹ A relevant medical practitioner, in relation to cremation risk advice for a dead person, means a medical practitioner who – a) attended the person immediately before, or during their illness terminating in, the death of the person, or b) has relevant knowledge of the dead person's medical history.

² Having a knowledge regarding the deceased of: the presence of implanted devices; receipt of treatment in the previous 12 months with radioactive or cytotoxic agents.

To the best of your knowledge, please confirm whether the deceased person received any of the following treatments, or contains any implants that pose a cremation risk: *(please tick as many as apply)*

Has a cardiac pacemaker, defibrillator, or contains implanted or attached battery-operated medical devices

Has a radioactive implant (permanent)

Received treatment with therapeutic radioactive injections within 12 months before death

Are you aware of any information about other conditions or treatments regarding the deceased person that could pose a risk to cremation?

No

Yes, please provide details _____

I hereby certify that, to the best of my knowledge and belief, the statements above are true and accurate in respect to the deceased.

Signature _____

Date: ____/____/____ (dd/mm/yyyy)