



**Queensland  
Government**

Public Health Act 2005  
**Authority to Transport  
Person who Absconds**

(Affix identification label here)

URN:

Family name:

Given name(s):

Address:

Date of birth:

Sex:  M  F  I

**Public Health Act (PHA) 2005, 157G–157V**

- This form may be used to authorise the transportation of a person who absconds from a public sector health service facility while being detained under the Emergency Examination Authority provisions of the *PHA 2005*.
- A police officer requested to act under this form may act alone to transport the person to a public sector health service facility.
- The maximum period that this authorisation is in force is for 3 days after the day the person absconds.
- This form is NOT to be used for a person who absconds while being detained under the *Mental Health Act 2016*.

**1. Person's details**

- Not required if label affixed in top right corner.

Surname:

Given name(s):

Residential address:

Town / Suburb:

State:

Postcode:

Date of birth:

Age:

or

Sex:

Male

Female

Intersex / Indeterminate

Not stated / unknown

**2. Date and time of absence**

Date:

Time (24hr):

This authority will expire at midnight on (insert date 3 days after the date of absence):

**3. Location the person is to be transported to**

- In situations where it is not practicable or reasonable to transport the person to the public sector health service facility, the person may be transported to another public sector health service facility.

Name of public sector health service facility:

**4. Authorisation**

- If police are being requested to transport the person, reasons must be provided as to why police involvement is required.

Category of authorised person who may transport the person to a public sector health service facility (both categories may apply):

Authorised person other than police (e.g. appointed health service employee, ambulance officer, security officer)

Police officer (*provide reasons below*)

Reasons why it is necessary for a police officer to act alone to transport the person:

QCAD Police ID number:

DO NOT WRITE IN THIS BINDING MARGIN

v2.00 - 03/2017



SW773

AUTHORITY TO TRANSPORT PERSON WHO ABSCOND



Authority to Transport Person who Absconds

(Affix identification label here)

URN:

Family name:

Given name(s):

Address:

Date of birth:

Sex:  M  F  I

5. Assessed level of risk to self and others

Risk factor	Yes	No	Provide context (static, dynamic and protective factors) about identified risks. Consider weapon use, property damage, threats and known victim issues
Suicide	<input type="checkbox"/>	<input type="checkbox"/>	
Self-harm	<input type="checkbox"/>	<input type="checkbox"/>	
Violence (including to police or ambulance officers)	<input type="checkbox"/>	<input type="checkbox"/>	
Aggression	<input type="checkbox"/>	<input type="checkbox"/>	
Vulnerability (e.g. risk of abuse)	<input type="checkbox"/>	<input type="checkbox"/>	

6. Notification of other persons (e.g. victim of crime or other significant person)

- Provide details of victim, victim's family or other person who should be notified.
- If immediate notification is required, the police must be contacted via phone.

It is recommended that police notify the following person(s) of the patient's absence (specify below)

Person(s) to be notified:

Reason for notification:

- Has threatened harm to victim, victim's family or other person; **OR**
- May seek / have contact with victim, victim's family or other person (specify below)

Details of contact:

DO NOT WRITE IN THIS BINDING MARGIN



**Queensland  
Government**

Public Health Act 2005

**Authority to Transport  
Person who Absconds**

(Affix identification label here)

URN:

Family name:

Given name(s):

Address:

Date of birth:

Sex:  M  F  I

**7. Address where the person may be located (if known)**

Address:

Town / Suburb:

State:

Contact number

**8. Clinical considerations**

• Complete all applicable clinical considerations.

Consideration	Details
Evidence of intoxication at time of absence	
Other relevant health conditions	
Communication considerations	
History of trauma / abuse	

**9. Identifying details**

Height (cm):	Build / Weight:	Complexion:
Eye colour:	Hair colour:	Hair style / length:

Distinguishing features (e.g. tattoos, piercings, facial hair):

DO NOT WRITE IN THIS BINDING MARGIN



**Queensland  
Government**

Public Health Act 2005

**Authority to Transport  
Person who Absconds**

(Affix identification label here)

URN:

Family name:

Given name(s):

Address:

Date of birth:

Sex:  M  F  I

**10. Additional information**

• Include any other relevant information which may assist with locating and / or transporting the person.

**11. Actions taken to locate the person**

Action	Date	Time (24hr)	Outcome
<input type="checkbox"/> Telephone contact with person			
<input type="checkbox"/> Contact with relative / friend / associate			
<input type="checkbox"/> Other			

If no attempt made, provide reasons:

**12. Support person details**

**Notified**      Date: \_\_\_\_\_      Time (24hr): \_\_\_\_\_

• Only complete if person agrees to details being provided to police.

Surname: \_\_\_\_\_      Given name(s): \_\_\_\_\_

Address: \_\_\_\_\_

Town / Suburb: \_\_\_\_\_      State: \_\_\_\_\_      Postcode: \_\_\_\_\_

Contact number: \_\_\_\_\_      Relationship to person: \_\_\_\_\_

**13. Contact details**

• For further information, including media related matters.  
• Decisions regarding media releases will be made by the Chief Executive, Hospital and Health Service.

Contact name: \_\_\_\_\_      Contact number: \_\_\_\_\_

Public sector health service facility: \_\_\_\_\_

**TO: Authorised person or Police**

**14. Person authorising transportation of person who absconds**

Name: \_\_\_\_\_      Designation: \_\_\_\_\_

Contact number: \_\_\_\_\_      Signature: \_\_\_\_\_      Date: \_\_\_\_\_      Time (24hr): \_\_\_\_\_

DO NOT WRITE IN THIS BINDING MARGIN