

SA Health Chief Public Health Officer Immunisation Exemption Application Form



To be completed and signed by a legally qualified medical practitioner.

Submit completed form to Health.NJNPExemptions@sa.gov.au with relevant supporting information and documents.

PATIENT INFORMATION

Last name:..... First name:.....

Address:.....

Suburb:..... Postcode:.....

Email*:..... Mobile:.....

**Required unless patient does not have an email address.*

I, _____, of _____ request an exemption for COVID-19 vaccination, mandatory under a relevant South Australia Emergency Management Direction, according to guidance from Australian Technical Advisory Group on Immunisation www.health.gov.au/resources/publications/atagi-expanded-guidance-on-temporary-medical-exemptions-for-covid-19-vaccines

Please tick the work setting relevant to the Emergency Management Direction:

- | | |
|--|---|
| <input type="checkbox"/> Healthcare setting workers vaccination | <input type="checkbox"/> Education and early childhood settings vaccination |
| <input type="checkbox"/> In-home, community aged care and disability workers vaccination | <input type="checkbox"/> Passenger transport vaccination |
| <input type="checkbox"/> South Australia Police workers vaccination | <input type="checkbox"/> Other direction (specify)
..... |

Information to support application:

(Attach supporting documentation to the email as numbered attachments)

Medical practitioner information

Name:..... AHPRA number:.....

Clinic:..... Clinic phone number:.....

Signature:..... Date:...../...../.....