South Australian Public Health Act 2011 Part 12A Immunisation and Early Childhood Services

Exemption Application Form

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Parent/Legal Guardian/early childhood service	e provider of
Name:	Date of Birth:
Address:	Postcode:
Email:	Mobile:
request an exemption under the <i>South Austro Early Childhood Services</i> , Section 96E — Exe	alian Public Health Act 2011 - Part 12A Immunisation and emptions clause based on the following:
Reason for request of an exemption:	
Need to seek further information and dis	scuss my situation with a specialist
Require an exemption as I will not be va	ccinating my child
ECS* provider that is not eligible to rece attending our service	eive the ACCS# (child wellbeing) and have an at risk/vulnerable child
Other	
Information to support my application:	novil are november and Attack to contact
(Attach supporting documentation to the en	·
*Early childhood service (ECS); *Additional child care subsidy (AC	CCS)
Services Approved Immunisation Exemption New Tax System (Family Assistance) Act 1999	
vary according to the circumstances for which	the Chief Public Health Officer thinks fit, and for a specified period and h it applies.
Name:	
Signatura	Date

For more information

Immunisation Section
Communicable Disease Control Branch
sahealth.sa.gov.au/immunisation

Sensitive: Medical (when completed) - I2 - A2



