

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 Direction under Part 11A of the SA Public Health Act 2011, 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 Direction:

Healthcare setting workers vaccination

Residential Aged care Facilities

In-home, community aged care and disability workers vaccination

.....

Information to support application:

(Attach supporting documentation to the email as numbered attachments)

Confirmation of vaccination status: Dose 1 Dose 2 Unvaccinated

If the application is related to a person who has been infected with COVID-19 please attach a copy of the laboratory PCR result, or the SA Health clearance letter.

If the application is related to delaying the Booster dose of COVID-19 vaccine due to a person having been infected with COVID-19, a CPHO COVID-19 immunisation exemption is not required in this instance.

Medical practitioner information

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

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

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