



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

Submit completed form to Health.CPHOimmunisationexemption@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, under the SA Health Policy addressing vaccine preventable disease: Occupational assessment, screening and vaccination, 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 if working within the following settings:

Department for Health and Wellbeing

SA Ambulance not working under the SAAS Award

SA Local Health Network

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 confirmation of a RAT positive result reported to SA Health. Subsequent infections of COVID-19 require laboratory PCR results to be notified.

Medical practitioner information

Name: AHPRA number:

Clinic: Clinic phone number:

Signature: Date: