

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

# Exemption Application Form

I, ....., Parent/Legal Guardian of  
Name: ..... Date of Birth: .....  
Address: ..... Postcode: .....  
Email: ..... Mobile: .....

request an exemption under the *South Australian Public Health Act 2011 - Part 12A Immunisation and Early Childhood Services*, Section 96E — Exemptions clause based on the following:

Reason for request of an exemption:

- Need to seek further information and discuss my situation with a specialist
- Require an exemption as I will not be vaccinating my child

Information to support my application:

*(Attach supporting documentation to the email as numbered Attachments)*

An exemption request must be for reasons not listed on the [Commonwealth Government's Department of Social Services Approved Immunisation Exemptions](#) as applied through the Commonwealth Governments legislation, *A New Tax System (Family Assistance) Act 1999*.

Exemptions may be subject to conditions as the Chief Public Health Officer thinks fit, and for a specified period and vary according to the circumstances for which it applies.

Name: .....  
Signature: ..... Date: .....

For more information  
Immunisation Section  
Communicable Disease Control Branch  
[sahealth.sa.gov.au/immunisation](http://sahealth.sa.gov.au/immunisation)

Sensitive: Medical (when completed) – I2 – A2

