

COVID-19 VACCINE MEDICAL CONTRAINDICATION OR TEMPORARY EXEMPTION FORM



To whom it may concern,

I am a registered medical practitioner. I certify that, Given name:

Family name:

DOB: / /

Sex: Male Female Prefer not to say

Residential address:

Section A – Medical contraindication

Has the following medical contraindication(s) to receiving a dose of any of the COVID-19 vaccines **available for use in Australia**:

Tick all that apply

Nb there must be a contraindication for both mRNA AND AstraZeneca (Vaxzevria)

Vaccine	Contraindication
mRNA vaccine > Pfizer (Comirnaty) > Moderna (Spikevax)	anaphylaxis to a previous dose or to an ingredient of an mRNA vaccine myocarditis and/or pericarditis attributed to a previous dose other specified medical contraindication, in accordance with ATAGI clinical guidance, being

AND

AstraZeneca (Vaxzevria)	anaphylaxis to a previous dose or to an ingredient of Vaxzevria history of capillary leak syndrome thrombosis with thrombocytopenia after a previous dose other specified medical contraindication, in accordance with ATAGI clinical guidance being
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OR

Section B – Temporary medical exemption for up to 6 months²

Has the following temporary medical exemption to complete a course of vaccination with **any** of the COVID-19 vaccines **available for use in Australia** until / / (up to 6 months)

acute major illness as specified in ATAGI guidance, being:

a serious adverse event attributed to a previous dose (noting ATAGI guidance)³, specify:

past confirmed infection with SARS-CoV-2 within the last 6 months⁴. Date of laboratory test: / /

other specified temporary medical exemption per ATAGI guidance, being:

Medical practitioner details

Name:

Telephone:

Address:

Email:

Registration Number: **MED000**

Date: / /

Signature (sign digitally in PDF or print and scan):

Notes

1 A patient must have medical contraindications to all of the COVID-19 vaccines available for use in Australia in order to be exempted from COVID-19 vaccination requirements under public health orders. If a patient has a medical contraindication to one brand of COVID-19 vaccine, they may be able to be offered an alternate brand, if suitable.

The Australian Technical Advisory Group on Immunisation (ATAGI) provide clinical guidance on the use of COVID-19.

Vaccines in Australia, including guidance on contraindications to COVID-19 vaccines: [COVID-19 vaccination – ATAGI clinical guidance on COVID-19 vaccine in Australia in 2021 | Australian Government Department of Health](#).

2 Temporary exemption can only be recorded for up to 6 months. If the reason for exemption persists beyond this time the person will require review by an appropriate medical practitioner. If the cause of the medical exemption persists, a new medical form will need to be completed. Please refer to the [ATAGI expanded guidance on acute major medical conditions that warrant a temporary medical exemption relevant for COVID-19 vaccines](#).

3 Any adverse event following immunisation (AEFI) must be notified to ACT Health.

4 Past confirmed infection with SARS-CoV-2 is not a contraindication to vaccination, refer to the latest advice at COVID-19 vaccination – [ATAGI clinical guidance on COVID-19 vaccine in Australia in 2021 | Australian Government Department of Health](#).

Instructions for the patient

Please keep this completed form safe. You may be required to present this completed form as evidence of your medical contraindication to COVID-19 vaccination.

Instructions for the completing clinician

This form should only be completed by medical practitioner if:

> A person has a medical contraindication to receiving any available COVID-19 vaccine

OR

> A person has a temporary medical contraindication to any COVID-19 vaccine (note, this exemption is only available for a maximum of 6 months at which time the form needs to be recompleted if the condition persists).

Medical practitioners should consult the latest [ATAGI clinical guidance](#) for further information on medical contraindications.

We encourage you to keep a copy of this form for your medical records.

Please note that this form is not intended to replace the Australian Immunisation Register (AIR) immunisation medical exemption form which can be found online at [Australian Immunisation Register \(AIR\) - immunisation medical exemption form \(IM011\) - Services Australia](#).