

# 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](mailto:Health.NJNPExemptions@sa.gov.au) with relevant supporting information and documents.

## PATIENT INFORMATION

Last name:..... First name:.....

Address:.....

Suburb:..... Postcode:.....

Email:..... Mobile:.....

I, \_\_\_\_\_, of \_\_\_\_\_ request an exemption for COVID-19 vaccination, mandatory under a relevant South Australia Emergency Management Direction, 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](http://www.health.gov.au/resources/publications/atagi-expanded-guidance-on-temporary-medical-exemptions-for-covid-19-vaccines)

### Information to support application:

(Attach supporting documentation to the email as numbered attachments)

## Medical practitioner information

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

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

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