



Immunisation exemption Medical contraindication form

Important information

This form must be completed by a recognised immunisation provider.

Assistance
For additional information or enquiries about the Australian Childhood Immunisation Register (ACIR) call **1800 653 809****

Lodgement
Send completed and signed form to:
Medicare Australia
GPO Box 295
Hobart TAS 7001

or fax to **03 6281 0555**

Tick where applicable

**** Call charges apply from mobile and pay phones only**

Child's details

1 Medicare number

2 Child's surname

First given name Initial

3 Residential address

 Postcode

4 Date of birth
 / /

5 Sex
 Male Female

Vaccines exempt due to medical contraindication

6 Comvax Menjugate RotaTeq
 Hiberix NeisVac-C Rotarix
 Infanrix Hexa PedvaxHIB Varilrix
 Infanrix IPV Prevenar Varivax
 Infanrix Penta Priorix
 Meningitec Quadracel

Other vaccine (not listed above)

The latest edition of the Australian Immunisation Handbook contains full details of contraindications to vaccination. Any adverse reaction to an immunisation should be reported to the relevant State or Territory Health Authority. A list of telephone numbers is available in the Australian Immunisation Handbook.

Provider declaration

7 I declare that: I believe that the child identified on this form should have a vaccine exemption due to a medical contraindication for one of the following reasons:

- Unstable neurological disease
- Encephalopathy within seven days after a previous vaccination
- Immediate severe acute allergic or anaphylactic reaction after any previous vaccination
- Malignant disease and/or immunosuppressive therapy and/or immunosuppression
- Allergy to preservative or antibiotic contained in the vaccines
- Other medical contraindication to vaccine—specify
- Child has other non-permanent contraindication and vaccination is deferred to this date:
 / /

8 Medicare provider/ACIR registration number

Signature

Date
 / /

Privacy note

The information provided on this form will be used by the Australian Childhood Immunisation Register to record details of vaccine exemption due to medical contraindication. Its collection is authorised by the *Health Insurance Act 1973*. This information may be disclosed to the Family Assistance Office, a parent or guardian of the stated child, and to authorised immunisation providers and bodies as authorised or required by law.