



## 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  Reference 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.