From: To:

Subject: Senate Community Affairs committee - additional information

Date: Monday, 2 November 2015 12:50:03 PM

Hi,

I have heard one of the committee members requesting further information about medical exemptions

The current form for medical exemptions is here:

http://www.humanservices.gov.au/spw/health-professionals/forms/resources/immu11-1310en.pdf

As I said in my evidence, the medical certification is NOT limited to severe allergy (anaphylaxis) - and can be individuualised to specific vaccines. If there is good evidence of a contra-indication to either avoid or delay a particular vaccine, it can be certified by a doctor and is considered valid.

Sue Ieraci for Friends of Science in Medicine



Australian Childhood Immunisation Register Immunisation Exemption Medical Contraindication

medicare

Purpose of this form

Use this form if you are a recognised immunisation provider and would like to notify a child's vaccination exemption due to a medical contraindication.

For more information

For more information about the Australian Childhood Immunisation Register (ACIR), go to our website

humanservices.gov.au/healthprofessionals > Forms, publications and statistics > Other program forms > ACIR forms or email acir@humanservices.gov.au or call 1800 653 809 Monday to Friday, between 8.00 am and 5.00 pm, Australian Eastern Standard Time.

Note: Call charges apply from mobile phones.

Filling in this form

- Please use black or blue pen
- Print in BLOCK LETTERS

Returning your form

Check that you have answered all the questions you need to answer and that you have signed and dated this form.

Send completed form to:

Department of Human Services Australian Childhood Immunisation Register GPO Box 295 HOBART TAS 7001

or fax: 03 6281 0555

Privacy notice

Your personal information is protected by law, including the *Privacy Act 1988*, and is collected by the Australian Government Department of Human Services for the assessment and administration of payments and services. This information is required to process your application or claim. Your information may be used by the department or given to other parties for the purposes of research, investigation or where you have agreed or it is required or authorised by law. You can get more information about the way in which the Department of Human Services will manage your personal information, including our privacy policy at

humanservices.gov.au/privacy or by requesting a copy from the department.

Child's details

Medicare card number
Ref no.
Family name
3
First given name
Other given name(s)
*

	Postal addr					
				Post	code	
	37					
	Date of birt	h <u></u>	/			
5	Sex	Male 📖	Fer	male 🔲		
Vac	cines exe	empt due	to med	dical conti	raindication	
6	Select from	the followin	g vaccir	nes: Tick AN	Y that apply	
	Infanrix	Hexa 🗌		MMRII \square	Priorix-Tetra	a [
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Date

Medicare provider/ACIR registration number

Provider's signature