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 Government
Department of Human Services

medicare

Australian Childhood Immunisation Register
Immunisation Exemption
Medical Contraindication

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
- Mark boxes like this ☐ with a ✓ or ✗

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

1 Medicare card number

☐☐☐☐ – ☐☐☐☐☐ – ☐ Ref no. ☐

2 Family name

First given name

Other given name(s)

3 Postal address

Postcode

4 Date of birth / /

5 Sex Male ☐ Female ☐

Vaccines exempt due to medical contraindication

6 Select from the following vaccines: **Tick ANY that apply**

Infanrix Hexa ☐	MMRII ☐	Priorix-Tetra ☐
Infanrix IPV ☐	Prevenar 13 ☐	RotaTeq ☐
Menitorix ☐	Priorix ☐	Rotarix ☐

Other vaccine ☐ Specify

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**:

- the information I have provided in this form is complete and correct.
- the child identified on this form should have a vaccine exemption due to medical contraindication for a reason that may include one of the following:
  - unstable neurological disease
  - encephalopathy within 7 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

  OR
  - the child has other non-permanent contraindication and vaccination is deferred to the following date:

    / /

I understand that:

- giving false or misleading information is a serious offence.

Medicare provider/ACIR registration number

Provider's signature

Date / /

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