Australian Government

Medicare Australia

Australian childhood **immunisation** register

Immunisation exemption

Medical contraindication form

This form must be completed by a recognised immunisation provider

Child details

Medicare number ☐☐☐☐ ☐☐☐☐☐ ☐ Reference number ☐

Child's first name ______ Initial ☐

Child's surname ______

Residential address ______

Suburb/Town ______ Postcode ______

Date of birth __ / __ / __ Male ☐ Female ☐

Vaccines exempt due to medical contraindication (please tick)

☐ Infanrix Hexa	☐ Pediacel	☐ Infanrix HepB	☐ Meningitec	☐ Comvax	☐ Varilrix	☐ Priorix
☐ Infanrix Penta	☐ Poliacel	☐ Infanrix	☐ NeisVac-C	☐ Hiberix	☐ Varivax	☐ M-M-R II
☐ Infanrix IPV	☐ Quadracel	☐ Tripacel	☐ Menjugate	☐ PedvaxHIB	☐ Prevenar	

Other vaccine (not listed above) Vaccine name: ______

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

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 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
- ☐ Other medical contraindication to vaccine (specify): ______
- ☐ Child has other non-permanent contraindication and vaccination is deferred to this date: __ / __ / __

Medicare provider/ACIR registration number ☐☐☐☐☐☐☐☐

Signature ______ Date __ / __ / __

Privacy note: The information provided by you on this form will be used by the Australian Childhood Immunisation Register to record details of vaccine exemption due to medical contraindication. The Immunisation Register may disclose this information to the Family Assistance Office, a parent or guardian of the stated child, and to authorised immunisation providers and bodies as authorised by law.

Please return this completed form to Medicare Australia, GPO Box 295, HOBART TAS 7001, your nearest Medicare Office, or fax to (03) 6281 0555. For more information about the Australian Childhood Immunisation Register, call 1800 653 809.