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To whom it may concern,

I am a registered medical practitioner. I certify that, Given name:

Family name:

DOB: / /

Sex: Male Female Prefer not to say

Residential address:

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Has the following medical contraindication(s) to receiving a dose of any of the COVID-19 vaccines <u>ŠhŠÞöŠ!öμ Ĩ 2 P:μ2ŠöÞŠ</u> ÀÞ§ò Šöö HØŠH Š//öo y! HØμ2μ ŷP:H !μ Š § H2ŠÞ ®Þ§ŠHÞ Ĩ 2 ! HØ 2H !!Ç-	

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1 A patient must have medical contraindications to all of the COVID-19 vaccines available for use in Australia in order to be exempted from COVID-19 vaccination requirements under public health orders. If a patient has a medical contraindication to one brand of COVID-19 vaccine, they may be able to be offered an alternate brand, if suitable.

The Australian Technical Advisory Group on Immunisation (ATAGI) provide clinical guidance on the use of COVID-19.

Vaccines in Australia, including guidance on contraindications to COVID-19 vaccines: [COVID-19 Vaccines in Australia](#)
[Department of Health.](#)

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beyond this time the person will require review by an appropriate medical practitioner. If the cause of the medical exemption persists, a new medical form will need to be completed. Please refer to the [ATAGI expanded guidance on acute major medical conditions](#) [19.5 \(m\) 11.8 \(a\) 5.8 \(r\) 7.2 \(r\) 1 \(a\) 5.8 \(n\) 17.7 \(t\) 14.3 \(m\) 6](#)