

# Australian Childhood Immunisation Register Immunisation Exemption Medical Contraindication

## When to use this form

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

## For more information

For more information about the Australian Childhood Immunisation Register go to our website [humanservices.gov.au/acir](http://humanservices.gov.au/acir) or email [acir@humanservices.gov.au](mailto:acir@humanservices.gov.au) or call **1800 653 809** Monday to Friday, between 8.00 am and 5.00 pm, Australian Eastern Standard Time.

## Filling in this form

- Please use black or blue pen
- Print in BLOCK LETTERS
- Mark boxes like this  with a ✓ or X

## 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:

**Australian Childhood Immunisation Register**  
GPO Box 295  
HOBART TAS 7001

or fax: **03 6281 0555**

## Privacy notice

Centrelink, Medicare, Child Support and CRS Australia are all part of the Australian Government Department of Human Services (Human Services). Personal information held by Human Services is protected by law, including the *Privacy Act 1988*. 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 also be used by other areas within Human Services, disclosed to a parent or guardian of the stated child, and to authorised immunisation providers and bodies as authorised or required by law.

## Child's details

### 1 Medicare number

-  -  Ref no.

### 2 Family name

First given name

### 3 Postal address

Postcode

### 4 Date of birth

/  /

### 5 Sex

Male

Female

## Vaccines exempt due to medical contraindication

### 6 Select one of the following:

- |                                                        |                                      |                                    |
|--------------------------------------------------------|--------------------------------------|------------------------------------|
| Comvax <input type="checkbox"/>                        | Menjugate <input type="checkbox"/>   | Priorix <input type="checkbox"/>   |
| Hiberix <input type="checkbox"/>                       | Meningitec <input type="checkbox"/>  | Quadracel <input type="checkbox"/> |
| Infanrix Hexa <input type="checkbox"/>                 | NeisVac-C <input type="checkbox"/>   | RotaTeq <input type="checkbox"/>   |
| Infanrix IPV <input type="checkbox"/>                  | PedvaxHIB <input type="checkbox"/>   | Rotarix <input type="checkbox"/>   |
| Infanrix Penta <input type="checkbox"/>                | Prevenar 13 <input type="checkbox"/> | Varilrix <input type="checkbox"/>  |
| Other vaccine (specify below) <input type="checkbox"/> |                                      | Varivax <input type="checkbox"/>   |

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 child identified on this form should have a vaccine exemption due to a medical contraindication. The reason for contraindication may include one or more 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:

/  /

Medicare provider/Australian Childhood Immunisation Register number

Provider's signature

Date

/  /



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