**Instructions for medical practitioners:**

The purpose of this decision support tool is to assist medical practitioners in determining whether their patient meets the Australian Technical Advisory Group on Immunisation (ATAGI) listed reasons for a medical exemption to COVID-19 vaccination. Further information is outlined in the ATAGI clinical guidance <https://www.health.gov.au/initiatives-and-programs/covid-19-vaccines/advice-for-providers/clinical-guidance>.

This document can be used to assist with patient consultation, education and clinical decision making when assessing a person’s eligibility for a medical exemption to COVID-19 vaccination. A patient must have medical contraindications to **all** of the COVID-19 vaccines available for use in Australia in order to be medically exempted from COVID-19 vaccination. 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.

If your patient meets the below criteria for a medical contraindication to one or moreCOVID-19 vaccinations or a temporary exemption due to acute major medical illness, you should file this completed form in the patient’s medical record and proceed with completing the **Australian Immunisation Registry (AIR) – immunisation medical exemption form (IM011)**. The IM011 form should then be returned to Services Australia, Australian Immunisation Register, for uploading to the patient’s Immunisation Record. Following validation, a COVID-19 Medical Exemption Certificate will be issued if the patient has a medical contraindication to all COVID-19 vaccines available for use in Australia, or if temporary exemption criteria are met.

**This form is not intended to be used as evidence of COVID-19 vaccination exemption.**

**Patient Details:**

Given Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Family Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DOB: / / Sex: Male Female Prefer not to say

Medicare number Patient reference number

Residential address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-mail address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **Section A – Medical contraindication** | | |
| The patient must have a medication contraindication(s) to **all** COVID-19 vaccines available for use in Australia before a medical exemption to COVID-19 vaccination can be issued. | | |
| **Pfizer (Comirnaty) COVID-19 vaccine**  (TGA approved for ages 5+) | **Moderna (Spikevax) COVID-19 vaccine**  (TGA approved for ages 6+) | **Novavax Biocelect (Nuvaxovid)**  (TGA approved for ages 18+) |
| History of anaphylaxis to a component of the Pfizer (Comirnaty) COVID-19 vaccine  Serious adverse event1 attributed to a previous dose of the Pfizer (Comirnaty) COVID-19 vaccine, being:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | History of anaphylaxis to a component of the Moderna (Spikevax) COVID-19 vaccine  Serious adverse event1 attributed to a previous dose of the Moderna (Spikevax) COVID-19 vaccine, being:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | History of anaphylaxis to a component of the Novavax (Nuvaxovid) COVID-19 vaccine  Serious adverse event1 attributed to a previous dose of the Novavax (Nuvaxovid) COVID-19 vaccine, being:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **The following are not considered medical contraindications to COVID-19 vaccination:** | | |
| * Family history of any adverse events following immunisation (AEFI) * Presence of a chronic underlying medical condition * Minor, common or expected side effects to a previous vaccine * Other types of alleriges e.g. to other vaccines, medication, food, latex, venom etc * Requesting preference of COVID-19 vaccine brand OR wishing to avoid vaccine mandate without medical contraindication * Pregnancy | | |

**OR**

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| **Section B – Temporary exemption due to acute major medical illness, valid for up to 6 months** |
| A temporary exemption may be issued to defer vaccination in a patient with acute major medical conditions, including surgery or hospital admission for a serious illness. These exemptions are temporary and can only be issued on a 6-monthly basis. If the cause of the temporary medical exemption persists at 6 months, a new form will need to be completed.  A temporary exemption may be issued to defer vaccination after prior SARS-CoV-2 infection. It is now recommended that all people should wait for 6 months after confirmed SARS-CoV-2 infection before they receive their next COVID-19 vaccine dose. Previous infection is not a contraindication to vaccination, and the next scheduled dose should be given as soon as possible after this time period.  If acute systemic signs of illness or fever persist, deferral of vaccination is advised to avoid adverse events (including common side effects of vaccination) in an already ill person or to avoid attributing illness symptoms to vaccination. |
| Temporary exemption to receiving dose of **all** COVID-19 vaccines available for use in Australia until / / (valid for up to 6 months) |
| Acute major medical illness, including major surgery, being:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  For an mRNA vaccine, inflammatory cardiac illness2 within the last 6 months, being:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Confirmed infection with SARS-CoV-2 within the last 6 months where the individual has not recovered from their acute illness3.  Date of diagnosis: / / |

**Medical Practitioner Details:**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: Date: / /

**Notes:**

1. An adverse event following immunisation (AEFI) is considered serious if it:

* requires in-patient hospitalisation or prolongation of existing hospitalisation OR results in persistent or significant disability/incapacity; and
* has been determined following review by, and/or on the opinion of, an experienced immunisation provider/medical specialist to be associated with a risk of recurrence of the serious adverse event if another dose is given; and
* has been reported to a state/territory adverse event surveillance system and/or the Therapeutic Goods Administration (TGA)

In Victoria, serious AEFI should be reported to SAEFVIC <https://mvec.mcri.edu.au/saefvic/>, the Victorian vaccine safety service.

1. Suitability for mRNA COVID-19 vaccines may be affected by inflammatory cardiac illness which requires consultation from an appropriate healthcare professional. Cardiac inflammation may include myocarditis, pericarditis, acute rheumatic fever, or acute rheumatic heart disease (i.e. with active myocardial inflammation). Further information is outlined in the ATAGI clinical guidance. <https://www.health.gov.au/initiatives-and-programs/covid-19-vaccines/advice-for-providers/clinical-guidance>.
2. Past confirmed infection with SARS-CoV-2 is not a contraindication to vaccination. ATAGI recommends that vaccination should be deferred in those with PCR confirmed SARS-CoV-2 infection until complete recovery from the acute illness. It is now recommended that all people should wait 6 months after confirmed SARS-CoV-2 before they receive their next COVID-19 vaccine dose. The next scheduled dose should then be given as soon as possible after this period.
3. People who have received an anti-SARS-CoV-2 monoclonal antibody or convalescent plasma should defer future doses of COVID-19 vaccine for at least 90 days. Chronic symptoms following COVID-19 ("long COVID”) is not a contraindication to COVID-19 vaccines but does warrant a clinical discussion with the patient. Similarly, if a person is infected with SARS-CoV-2, the next dose should be deferred for 6 months after confirmed infection and should then be given as soon as possible after this period. In these situations, the person should consult their healthcare professional, and their individual circumstances should be considered. If vaccination is deferred, this can be indicated by completing section B of this form.