

# COVID-19 VACCINE MEDICAL CONTRAINDICATION



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: \_\_\_\_\_

## Section A – Medical contraindication

Has the following medical contraindication(s) to receiving a dose of all of the COVID-19 vaccines **available for use in Australia**:<sup>1</sup>

Pfizer (Comirnaty) COVID-19 vaccine	Moderna (Spikevax) COVID-19 vaccine	AstraZeneca (Vaxzevria) COVID-19 vaccine
Dose 1 <input type="checkbox"/> Dose 2 <input type="checkbox"/>	Dose 1 <input type="checkbox"/> Dose 2 <input type="checkbox"/>	Dose 1 <input type="checkbox"/> Dose 2 <input type="checkbox"/>
<input type="checkbox"/> History of anaphylaxis to a component of the Pfizer (Comirnaty) COVID-19 vaccine <input type="checkbox"/> Serious adverse event attributed to the first dose of the Pfizer (Comirnaty) COVID-19 vaccine, being: _____ <input type="checkbox"/> Other specified medical contraindication, being: _____	<input type="checkbox"/> History of anaphylaxis to a component of the Moderna (Spikevax) COVID-19 vaccine <input type="checkbox"/> Serious adverse event attributed to the first dose of the Moderna (Spikevax) COVID-19 vaccine, being: _____ <input type="checkbox"/> Other specified medical contraindication, being: _____	<input type="checkbox"/> History of anaphylaxis to a component of the AstraZeneca (Vaxzevria) COVID-19 vaccine <input type="checkbox"/> History of capillary leak syndrome <input type="checkbox"/> History of any of the following medical conditions: <input type="checkbox"/> cerebral venous sinus thrombosis (CVST) <input type="checkbox"/> heparin-induced thrombocytopenia (HIT) <input type="checkbox"/> idiopathic splanchnic (mesenteric, portal or splenic) vein thrombosis <input type="checkbox"/> antiphospholipid syndrome (APLS) with thrombosis and/or miscarriage <input type="checkbox"/> Serious adverse event attributed to the first dose of the AstraZeneca (Vaxzevria) COVID-19 vaccine, being: _____ <input type="checkbox"/> Other specified medical contraindication, being: _____

OR

## Section B – Temporary medical contraindication for up to 6 months<sup>2</sup>

Has the following temporary medical contraindication(s) to receiving dose 1  dose 2  of **any** of the COVID-19 vaccines **available for use in Australia** until        /        /        (up to 6 months)

acute major illness, being: \_\_\_\_\_  
 significant immunocompromise of short duration, being: \_\_\_\_\_  
 past confirmed infection with SARS-CoV-2 within the last 6 months<sup>3</sup>. Date of diagnosis:        /        /  
 other specified temporary medical contraindication, being: \_\_\_\_\_

### Medical practitioner details

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

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

Registration Number: **M E D 0 0 0**

Signature: Print and Sign

Date:        /        /

## Notes

<sup>1</sup> 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: [www.health.gov.au/resources/publications/covid-19-vaccination-atagi-clinical-guidance-on-covid-19-vaccine-in-australia-in-2021](http://www.health.gov.au/resources/publications/covid-19-vaccination-atagi-clinical-guidance-on-covid-19-vaccine-in-australia-in-2021)

<sup>2</sup> Temporary contraindication can only be recorded for up to 6 months. If the contraindication persists beyond this time the person will require review by an appropriate medical practitioner. If the cause of the medical contraindication persists, a new medical contraindication form will need to be completed.

<sup>3</sup> People who have had a recent SARS-CoV-2 infection can be offered COVID-19 vaccination. There is no requirement to delay COVID-19 vaccination following SARS-CoV-2 infection, if the person has fully recovered from their acute illness.

COVID-19 vaccination may be deferred for up to 6 months after SARS-CoV-2 infection, as recent infection reduces the chance of reinfection for at least this amount of time.

Reasons that people may choose to receive a COVID-19 vaccine following recent SARS-CoV-2 infection may include they:

- have significant immunocompromise and may be at greater risk of reinfection
- have a job that requires them to be vaccinated against COVID-19
- have a job that puts them at greater risk of being exposed to COVID-19.

People should not be vaccinated until they have recovered from their acute illness. If a patient has a SARS-COV-2 infection or develops COVID-19 between their first and second doses, the patient should not receive their second dose until they have recovered from their acute illness. People with symptoms following SARS-CoV-2 infection that continue for longer than 6 months should consult their healthcare professional and their individual circumstances should be considered.

If the person chooses to defer COVID-19 vaccination following recent infection and they are required to be vaccinated or produce a medical contraindication certificate, this can be indicated by completing section B of this form.

## Recording a medical contraindication to COVID-19 vaccines in the Australian Immunisation Register

The Australian Immunisation Register (AIR) immunisation medical exemption form will provide a person with digital evidence of a permanent or temporary medical contraindication to the available COVID-19 vaccines on their immunisation history statement: <https://www.servicesaustralia.gov.au/organisations/health-professionals/forms/im011>

The AIR immunisation medical exemption form is recognised as an acceptable form for recording a medical contraindication to COVID-19 vaccination in NSW, in addition to this NSW medical contraindication form.

## Instructions for the patient

Please keep this completed form safe. You may be required to present this completed form to your workplace as evidence of your medical contraindication to COVID-19 vaccination and carry it with you when you are working. Please check the NSW Government website for more information about the requirements for your workplace.

Anyone who has been issued with the NSW medical contraindication form is encouraged to speak to their medical practitioner about getting their medical contraindication added to their immunisation record on the AIR