



Immunisation exemption Conscientious objection form

Important information

This form must be completed by a recognised immunisation provider and the parent/guardian of the child.

Assistance

For additional information or enquiries about the Australian Childhood Immunisation Register (ACIR) call **1800 653 809****

Lodgement

Send completed and signed form to:

Medicare Australia
GPO Box 295
Hobart TAS 7001

or fax to: **03 6281 0555**

Tick where applicable

**** Call charges apply from mobile and pay phones only**

Child's details

1 Medicare number Reference number

2 Surname

First given name

Initial

3 Postal address

Postcode

4 Date of birth

5 Sex

- Male
 Female

Provider declaration

6 **I declare that:** I have explained the benefits and risks associated with immunisation to the parent or guardian of the child named, and have informed him/her of the potential dangers if a child is not immunised.

7 Medicare provider/ACIR registration number

Signature

✍

Date

Parent/guardian declaration

8 **I declare that:** I have discussed the benefits and risks of immunisation with the provider named above and have considered the information given. I have also been given the opportunity to discuss any concerns about immunisation with the provider.

I have a personal, philosophical, religious or medical belief involving a conviction that vaccination under the National Immunisation Program should not take place. On this basis, I choose not to have my child immunised.

Parent/guardian name (please print)

Signature

✍

Date

Privacy note

The information provided on this form will be used by the Australian Childhood Immunisation Register to record a conscientious objection to vaccination by a parent or guardian. Its collection is authorised by the *Health Insurance Act 1973*. This information may be disclosed to the Family Assistance Office, a parent or guardian of the stated child and to authorised immunisation providers and bodies as authorised or required by law.