



Immunisation exemption Conscientious objection form

Child details

Medicare number Reference number

Child's first name Initial

Child's surname

Residential address

Suburb/Town Postcode

Date of birth / / Male Female

Provider declaration

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

Medicare provider/ACIR registration number

Provider signature Date / /

Parent/guardian declaration

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 by you on this form will be used by the Australian Childhood Immunisation Register to record a conscientious objection to vaccination by a parent or guardian. The Immunisation Register may disclose this information to the Family Assistance Office, a parent or guardian of the stated child, and to authorised immunisation providers and bodies as authorised by law.

Please return this completed form to Medicare Australia, GPO Box 295, Hobart TAS 7001, your nearest Medicare Office, or fax to (03) 6215 5686.

For more information about the Australian Childhood Immunisation Register, call 1800 653 809.