



## 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) 6281 0555.**

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