

# 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 persist 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> Past confirmed infection with SARS-CoV-2 is not a contraindication to vaccination, however ATAGI recommends deferring COVID-19 vaccination for up to 6 months after the acute illness. Current evidence suggests that the risk of SARS-CoV-2 re-infection is low in the 6 months after initial infection, but may increase with time due to waning immunity. There may be some situations where it is reasonable to be vaccinated earlier than 6 months following infection in consultation with a health practitioner, such as people working in a job with a high risk of exposure to SARS-CoV-2, or patients who are significantly immunocompromised and may not have a strong immune response after being infected with the virus. Similarly, if a person is infected with SARS-CoV-2 and has had their first dose of COVID-19 vaccine, the second dose may be deferred for up to 6 months. In these situations, the person should consult their healthcare professional and their individual circumstances should be considered. If vaccination is deferred up to 6 months, this can be indicated by completing section B of this 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.