

COVID-19 VACCINE MEDICAL CONTRAINDICATION

NSW AIRPORT AND QUARANTINE WORKERS VACCINATION PROGRAM



To whom it may concern,

Certification regarding a nominated person specified in the NSW Airport and Quarantine Workers Vaccination Program

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**:¹

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: <ul style="list-style-type: none"> <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 months²

Has the following medical condition(s) and is not recommended to receive 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 months³. Date of diagnosis: __/__/____

other medical condition requiring temporary vaccine exemption, being: _____

Medical practitioner details

Name: _____

Address: _____

Telephone: _____

Email: _____

Registration Number:

M	E	D	0	0	0						
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Signature:

Print and Sign											
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Date:

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Chief Health Officer or delegate details

Name: _____

Address: _____

Telephone: _____

Email: _____

Registration Number:

M	E	D	0	0	0						
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Signature:

Print and Sign											
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Date:

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Notes

- ¹ 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
- ² 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.
- ³ 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 will be required to present this completed form to your workplace as evidence of your medical contraindication to COVID-19 vaccination.