



WA Police Force Worker (Restrictions on Access) Directions Temporary Exemption Application Form

Temporary Exemption – Paragraph 16(a)(ii)

Name of applicant:

Name and address of WA Police facility:

Contact details for applicant:

Phone number: _____

Email address: _____

Address: _____

Temporary Exemption sought for:

- ☐ Individual WA Police Force worker
- ☐ Employer or person in charge of a WA Police facility applying on behalf of WA Police Force worker(s)
- ☐ Other, please specify: _____

Reason for applying for Temporary Exemption:

I am a WA Police Force worker and –

- ☐ I have not been able to access a COVID-19 vaccine.
- ☐ I have been vaccinated against COVID-19 outside Australia with a vaccine that is not registered by the Therapeutic Goods Administration.
- ☐ I am in the process of applying for a medical exemption, but the process is not yet complete.
- ☐ Other, please specify: _____

I am the employer or the person in charge of a WA Police facility and –

- ☐ The employer or the person in charge of the WA Police facility is ensuring WA Police Force workers are vaccinated but has not yet achieved this.
- ☐ Other, please specify _____

Information and evidence provided to support application for Temporary Exemption:

(please explain the basis for your Temporary Exemption application and attach copies of all relevant evidence in support of your application)

I declare that the information provided in and attached to this Temporary Exemption Application Form is accurate to the best of my knowledge.

Signed _____ Dated this _____ day of _____ 20____

Please submit form by email to: COVIDVaccinationExemption@health.wa.gov.au

This document can be made available in alternative formats on request for a person with disability.

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