



Critical Government Regulator (Restrictions on Access) Directions Temporary Exemption Application Form

Temporary Exemption – Paragraph 16(a)(ii)

Name of applicant:

Name and address of the:

☐ Critical government regulator site _____

Contact details for applicant:

Phone number: _____

Email address: _____

Address: _____

Temporary Exemption sought by:

- ☐ Individual critical government regulator
- ☐ Employer or person in charge of the critical government regulator(s) applying on behalf of the critical government regulator(s)
- ☐ Other, please specify: _____

Reason for applying for Temporary Exemption

I am a critical government regulator 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 person in charge of the critical government regulator(s) applying on behalf of the critical government regulator(s) and

- ☐ The employer or person in charge of the critical government regulator(s) applying on behalf of the critical government regulator(s) is ensuring the critical government regulator(s) 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.

Dated 17 December 2021

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