



# Booster Vaccination (Restrictions on Access) Directions (No 2) Exemption Application Form

Please use Temporary Exemption – Paragraph 20(a)(ii) to apply for a Temporary Exemption

## Exemption – Paragraph 20(b)

Name of applicant:

\_\_\_\_\_

Restrictions on Access Direction as listed in Schedule 1 of the Booster Vaccination (Restrictions on Access) Directions (No 2) applicable to the applicant:

\_\_\_\_\_

Name and address of the:

Site \_\_\_\_\_

Contact details for applicant:

Phone number: \_\_\_\_\_

Email address: \_\_\_\_\_

Address: \_\_\_\_\_

### Exemption sought for:

Individual vaccination directed person

Responsible person such as the employer, principal, owner of the site or person in charge of the vaccination directed person(s) applying on behalf of the vaccination directed person(s)

Other, please specify: \_\_\_\_\_

**Reason for applying for exemption:**

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**Information and evidence provided to support application for exemption:**

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(please explain the basis for your 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 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](mailto:COVIDVaccinationExemption@health.wa.gov.au)**

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

**Dated 17 January 2022**

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