



Booster Vaccination (Restrictions on Access) Directions (No 2)

Temporary Exemption Application Form

Temporary Exemption – Paragraph 20(a)(ii)

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: _____

Temporary Exemption sought by:

- 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 Temporary Exemption:

I am a vaccination directed person and –

- I have not been able to access a COVID-19 booster vaccination.
- I have been fully vaccinated and/or received a booster vaccination 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 responsible person or person in charge of the vaccination directed person(s) applying on behalf of the vaccination directed person(s) and –

- The responsible person or person in charge of the vaccination directed person(s) applying on behalf of the vaccination directed person(s) is ensuring the vaccination directed person(s) has a booster vaccination 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 January 2022

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