Primary Health Care Worker (Restrictions on Access) Directions (No 4)
Exemption application form

This form is to apply for an exemption under paragraph 28(b) of the Directions. For a temporary exemption, please use the Temporary Exemption Application Form under paragraph 28(a)(ii) of the Directions.

Exemption – paragraph 28(b)

Name of applicant: ____________________________________________________________

Name and address of primary health care facility: ______________________________________

Contact details for applicant:

Phone number: __________________________________________________________________

Email address: __________________________________________________________________

Address: _______________________________________________________________________

Exemption sought for:

☐ individual primary health care worker

☐ employer, applying on behalf of primary health care facility worker(s)

☐ owner, occupier or person in charge of a primary health care facility applying on behalf of primary health care worker(s)

☐ other, please specify: ____________________________________________________________________
Reason for applying for exemption:
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________

Information and evidence provided to support application for exemption:
(please explain the basis for your exemption application and attach copies of all relevant evidence, such as an Immunisation History Statement, 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