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

Temporary Exemption – paragraph 28(a)(ii)

Name of applicant:
___________________________________________________________________________

Name and address of primary health care facility:
___________________________________________________________________________

Contact details for applicant:
Phone number: _______________________________________________________________
Email address: _______________________________________________________________
Address: ____________________________________________________________________

Temporary exemption sought for:
☐ individual primary health care worker
☐ employer, applying on behalf of primary health care 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 temporary exemption:
I am a primary health care worker and:

☐ I have not been able to access a COVID-19 vaccine.

☐ I am in the process of applying for a medical exemption, but the process is not yet complete.

☐ I have been recently diagnosed with COVID-19.

☐ other, please specify: ________________________________

I am the employer, owner, occupier or person in charge of the primary health care facility applying on behalf of primary health care worker(s) and –

☐ The employer, owner, occupier or person in charge of the primary health care facility is ensuring primary health care 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, such as an Immunisation History Statement, COVID-19 test results, etc 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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