

Australian Childhood Immunisation Register Immunisation exemption conscientious objection form

When to use this form

This form must be completed by a recognised immunisation provider and the parent/guardian of the child.

For more information

For more information about the Australian Childhood Immunisation Register or for assistance completing this form go to our website humanservices.gov.au/healthprofessionals >Other programs >Australian Childhood Immunisation Register or call 1800 653 809 Monday to Friday, between 8.00 am and 5.00 pm, Australian Eastern Standard Time.

Note: Call charges apply from mobile phones.

Filling in this form

- Please use black or blue pen
- Print in BLOCK LETTERS
- Mark boxes like this with a ✓ or ✗

Returning your form

Send the completed and signed form to:

Department of Human Services
GPO Box 295

Hobart TAS 7001

or fax: 03 6281 0555

Privacy notice

Your personal information is protected by law, including the *Privacy Act 1988*, and is collected for a Social Security, Family Assistance, Medicare, Child Support and CRS purpose, depending on the service or payment concerned. This information may be required by law or collected voluntarily when you apply for services or payments.

Your information is used for the assessment and administration of payments and services and may also be used within Human Services, or disclosed to other parties or agencies, where you have provided consent or it is required or authorised by law.

You can get more information about privacy by going to our website humanservices.gov.au/privacy or requesting a copy of the full privacy policy at one of our Service Centres.

Child's details

1 Medicare card number

- - Ref no.

2 Family name

First given name

Initial

3 Postal address

Postcode

4 Date of birth

/ /

5 Sex

Male

Female

Provider declaration

6 I declare that:

- I have explained the benefits and risks associated with immunisation to the parent or guardian of the child named, and have informed him/her of the potential dangers if a child is not immunised.
- the information provided in this form is complete and correct.

I understand that:

- giving false or misleading information is a serious offence.

Medicare provider/ACIR registration number

Signature

Date

/ /

Parent/guardian declaration

7 I declare that:

- I have discussed the benefits and risks of immunisation with the provider named above and have considered the information given.
- I have also been given the opportunity to discuss any concerns about immunisation with the provider.
- I have a personal, philosophical, religious or medical belief involving a conviction that vaccination under the National Immunisation Program should not take place. On this basis, I choose not to have my child immunised.
- the information provided in this form is complete and correct.

I understand that:

- Giving false or misleading information is a serious offence.

Parent/guardian name (please print)

Signature

Date

/ /



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