

# COVID-19 vaccine medical contraindication form

I am a **Registered Medical Practitioner#** and I certify that

\_\_\_\_\_ (patient/client name)

of \_\_\_\_\_ (patient/client address)

Date of birth: \_\_\_\_\_ has either **OPTION A** or **OPTION B** below:

## OPTION A

One of the following medical contraindications to receiving **all** of the following COVID-19 vaccines available for use in Australia, in accordance with ATAGI## clinical guidance:

Vaccination Type	Medical contraindication
Pfizer ( <b>Cominarty</b> ) or Moderna ( <b>Spikevax</b> )	<ul style="list-style-type: none"> <li>anaphylaxis to a previous dose of an mRNA COVID-19 vaccine (Spikevax or Comirnaty)</li> <li>anaphylaxis to any component of the vaccine (Spikevax or Comirnaty)</li> <li>myocarditis and/or pericarditis attributed to a previous dose of either Spikevax or Comirnaty</li> <li>Any other <b>serious adverse event*</b> attributed to a previous dose of Spikevax or Comirnaty without another cause identified</li> </ul>
AstraZeneca ( <b>Vaxzevria</b> )	<ul style="list-style-type: none"> <li>anaphylaxis after a previous dose of Vaxzevria</li> <li>anaphylaxis to a component of Vaxzevria</li> <li>history of capillary leak syndrome</li> <li>thrombosis with thrombocytopenia occurring after a previous dose of Vaxzevria</li> <li>any other <b>serious adverse event*</b> attributed to a previous dose of Vaxzevria without another cause identified</li> </ul>
All above vaccines	Other specified medical contraindication: _____

OR

## OPTION B

One of the following **temporary** medical contraindications to receiving **any** of the COVID-19 vaccines available for use in Australia until \_\_\_\_\_ (Date, being no longer than 6 months from the date this form is signed):

- Acute major illness
- Significant immunocompromise of short duration
- Past confirmed infection with SARS-CoV-2 within the last 6 months
- Other specified temporary medical contraindication being:  
\_\_\_\_\_

Registered Medical Practitioner# Details			
Name:	_____		
Practice & address:	_____		
Phone:	_____	Provider number:	_____
Email:	_____		
Signature:	_____	Date:	_____

**#This form will be accepted from the following Registered Medical Practitioners:**

- (a) a general practice registrar on an approved 3GA training placement; or
- (b) a public health physician; or
- (c) an infectious disease physician; or
- (d) a clinical immunologist; or
- (e) a general practitioner who is vocationally registered; or
- (f) a paediatrician; or
- (g) a general practitioner who is a fellow of the Royal Australian College of General Practitioners (RACGP);  
or
- (h) a general practitioner who is a fellow of the Australian College of Rural and Remote Medicine (ACRRM);  
or
- (i) a medical practitioner who is a fellow of the Royal Australasian College of Physicians

**##** The Australian Technical Advisory Group on Immunisation (ATAGI) provide clinical guidance on the use of COVID-19

vaccines in Australia, including guidance on contraindications to COVID-19 vaccines:

<https://www.health.gov.au/resources/publications/covid-19-vaccination-atagi-clinical-guidance-on-covid-19-vaccine-in-australia-in-2021>

**\*Serious adverse events** are generally defined as those which:

- (a) require hospitalisation (eg thrombosis with thrombocytopenia following first dose of AstraZeneca);
- (b) are medically significant (eg immune thrombocytopenia purpura, myocarditis); or
- (c) are potentially life threatening (eg anaphylaxis) and/or result in persistent or significant disability (eg Guillain-Barre Syndrome).

These reactions do not typically include expected local or systemic reactions known to occur within the first few days after vaccination.