



Health Worker (Restrictions on Access) Directions (No 2) Temporary Exemption Application Form

Temporary Exemption – Paragraph 18(a)(ii)

Name of applicant:

Name and address of health care facility:

Type of health care facility you work in (if known):

- Tier 1
- Tier 2
- Tier 3

Contact details for applicant:

Phone number: _____

Email address: _____

Address: _____

Temporary Exemption sought for:

- Individual health care worker or health support worker
- Owner or operator of a health care facility applying on behalf of health care workers and/or health support workers
- Other, please specify: _____

Reason for applying for Temporary Exemption:

I am a health care worker or a health support worker and –

- I have not been able to access a COVID-19 vaccine.
- I have been vaccinated against COVID-19 outside Australia with a vaccine that is not registered by the Therapeutic Goods Administration.
- Other, please specify: _____

I am the owner or operator of a health care facility applying on behalf of health care workers and/or health support workers and –

- The health care facility is in a region to which there is limited or no supply of COVID-19 vaccine.
- The health care facility is ensuring health care workers and/or health support workers are vaccinated but has not yet achieved this.
- Other, please specify _____

Information and evidence provided to support application for exemption:

(please explain the basis for your exemption application an attach copies of all relevant evidence 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

This document can be made available in alternative formats on request for a person with disability.

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