



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

Please use Temporary Exemption – Paragraph 18(a)(ii) to apply for a Temporary Exemption

## Exemption – Paragraph 18(e)

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: \_\_\_\_\_

## 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 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 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](mailto:COVIDVaccinationExemption@health.wa.gov.au)

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

**Last updated 15 September 2021**

© Department of Health 2021

[health.wa.gov.au](http://health.wa.gov.au)