

AUSTRALIAN CHILDHOOD IMMUNISATION REGISTER (ACIR) DECLARATION OF EXEMPTION FROM VACCINATION BECAUSE OF CONSCIENTIOUS OBJECTION BY CHILD'S PARENT OR GUARDIAN

PRIVACY NOTE: The information provided by you on this form will be used by the Australian Childhood Immunisation Register to record a conscientious objection to vaccination by a parent or guardian. The Immunisation Register may disclose this information to the Commonwealth Services Delivery Agency (Centrelink), a parent or guardian of the stated child, and to authorised immunisation providers and bodies as authorised by law.

PART A (Child Details)
THIS SECTION IS TO BE COMPLETED BY THE PARENT OR GUARDIAN OF THE CHILD, OR THE IMMUNISATION PROVIDER

Medicare Number Reference Number
(Number next to child on Medicare Card)

Surname -----

First Name ----- Second Initial

Residential Address -----

Suburb/Town ----- Postcode

Date of Birth Gender Male Female

PART B (Provider Details)
THIS SECTION IS TO BE COMPLETED BY THE IMMUNISATION PROVIDER

I DECLARE THAT I HAVE EXPLAINED TO THE PARENT OR GUARDIAN OF THE CHILD NAMED ABOVE THE BENEFITS AND RISKS ASSOCIATED WITH IMMUNISATION AND THAT I HAVE INFORMED HIM/HER OF THE POTENTIAL DANGERS IF A CHILD IS NOT IMMUNISED.

Provider Number

Signature ----- Date

PART C (Declaration)
THIS SECTION IS TO BE COMPLETED BY THE PARENT OR GUARDIAN OF THE CHILD

I have discussed the benefits and risks of immunisation with the provider named and have considered the information provided. 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 latest edition of the Standard Vaccination Schedule should not take place. On this basis I choose not to have my child immunised.

Name of Parent or Guardian ----- (please print)

Signature ----- Date

Please provide an estimate of time taken to complete this form including reading instructions & collecting information Mins.