

7 Select from the following vaccines:

Live

Tick all that apply

- M-M-R II Priorix-Tetra
 Priorix Rotarix

Non-live

Tick all that apply

- ActHIB Infanrix Prevenar 20
 Bexsero Infanrix Hexa Quadracel
 Capvaxive Infanrix IPV Shingrix
 Gardasil 9 MenQuadfi Tripacel
 Hiberix Nimenrix Vaxelis

Influenza (flu) vaccines

COVID-19 Comirnaty LP.8.1

Other Give details of the vaccine(s) below (not antigens)

Vaccine name	
Vaccine name	
Vaccine name	

Record a natural immunity

Natural immunity to a disease can be recorded for the antigens listed below. Recording a combination of vaccine(s) on the basis of natural immunity is only valid if immunity is confirmed for all vaccine antigens. Advice on what constitutes acceptable evidence of natural immunity is provided on page 3 of this form.

8 The individual has a natural immunity to:

- Hepatitis A Hepatitis B Mumps
 Rubella Measles Q fever
 Varicella

This has been confirmed by:

laboratory testing Date of test (DD MM YYYY)

or

physician-based Date of diagnosis (DD MM YYYY)
 clinical diagnosis

You should only report a natural immunity for Q fever if both serum antibody testing and a skin test has been undertaken before Q fever vaccination and natural immunity has been detected. For more information, go to immunisationhandbook.health.gov.au/q-fever

Privacy notice

You **must** read this privacy notice to the **individual** named on this form, or the **individual's parent or guardian**.

9 The privacy and security of your personal information is important to Services Australia, and is protected by law. Services Australia collects this information to provide payments and services. Services Australia only shares your information with other parties where you have agreed, or where the law allows or requires it. For more information, go to servicesaustralia.gov.au/privacypolicy

Provider's declaration

10 I declare that:

- I am eligible to certify immunisation medical contraindication or natural immunity under the *Australian Immunisation Register Act 2015* and its amendments
- I have read the **Privacy notice** at question 9 to the individual named on this form, or to the individual's parent or guardian
- the information I have provided in this form is complete and correct.

I understand that:

- under the *Australian Immunisation Register Act 2015*, general practitioners, as defined in the *Health Insurance Act 1973*, are eligible to certify immunisation medical contraindication or natural immunity on the Australian Immunisation Register
- paediatricians, public health physicians, infectious diseases physicians, and clinical immunologists are also eligible to certify immunisation medical contraindication or natural immunity on the Australian Immunisation Register
- this form will not be accepted if it has been changed in any way or is incomplete
- Services Australia regularly undertakes audits and can make relevant enquiries to make sure recipients receive the correct entitlement
- if we become aware of the provision of false or misleading information, or any fraudulent activity, to the extent permitted by law, the Commonwealth will pursue the relevant person(s)
- giving false or misleading information is a serious offence under the *Criminal Code Act 1995* (Cth).

Medicare provider number or AIR provider number

Provider's full name

Provider's signature

Date (DD MM YYYY)

Guidelines for recording an immunisation medical contraindication or natural immunity

What is considered a valid medical contraindication to immunisation?

The medical basis for a medical contraindication to a vaccine is to be based on guidance in *The Australian Immunisation Handbook* available at immunisationhandbook.health.gov.au

Medical contraindications include:

- anaphylaxis following a previous dose of the relevant vaccine
- anaphylaxis following any component of the relevant vaccine
- significant immunocompromise (for live attenuated vaccines only).

For more information, including what is considered significant immunocompromise (for example, HIV-infected persons in whom immunocompromise is mild can be given MMR and varicella vaccines), see *The Australian Immunisation Handbook*.

Individuals should not be denied the benefits of immunisation by withholding vaccines for inappropriate reasons. A comprehensive list of false contraindications to vaccination is provided in *The Australian Immunisation Handbook*.

- Egg allergy, even severe, is not necessarily a valid medical contraindication for any vaccine routinely recommended for children.
- Presence of a chronic underlying medical condition (apart from significant immunocompromise) is not a valid medical contraindication to a vaccine.
- Family history of any adverse events following immunisation is not a valid medical contraindication to a vaccine.

In what circumstances should a vaccine be temporarily deferred?

Examples of circumstances where the administration of a vaccine should be deferred include:

- acute major medical condition
- significantly impaired immune function that is anticipated to be of short duration
- pregnancy (for live attenuated vaccines only).

While vaccination should be deferred in persons with acute febrile illness (current $T \geq 38.5^{\circ}\text{C}$) or other self-limiting acute systemic illness, this would usually be for short periods only and not require completion of this form. For more information, refer to *The Australian Immunisation Handbook* available at immunisationhandbook.health.gov.au

What evidence should I consider when assessing a possible natural immunity?

A previous infection is not a contraindication to immunisation against that same disease. Laboratory testing (via serology, antigen detection or polymerase chain reaction [PCR]) can provide evidence of immunity to hepatitis A, hepatitis B, measles, mumps, rubella and varicella. A physician-based clinical diagnosis is accepted although is less reliable than laboratory testing as these diseases are now uncommon among Australian children due to the widespread immunisation and other infections can have similar clinical presentations.

People who are being considered for Q fever vaccinations must have both serum antibody testing and a skin test before a Q fever vaccination. This is to identify people who have been previously infected with the Q fever organism and are not aware of it. For more information about pre-vaccination testing for Q fever, refer to *The Australian Immunisation Handbook* available at immunisationhandbook.health.gov.au

Who do I contact if I am uncertain whether to vaccinate or not?

Contact your state or territory health authority (see contact details below). In most states and territories, specialist immunisation clinics exist and are equipped to assist with complex issues (for example, how to manage patients who have experienced a previous adverse event following immunisation or who have an underlying medical condition).

Resources for communicating the risks and benefits of immunisation

To help discuss the risks and benefits of immunisation with patients and/or their carers, including those who may have concerns relating to vaccines and immunisation, you can use:

- *The Australian Immunisation Handbook*. This includes the 'Comparison of the effects of diseases and the side effects of vaccines on the National Immunisation Program' summary table. For the comparison summary table, go to immunisationhandbook.health.gov.au/resources and search for 'comparison'.
- immunisation information for health professionals and other resources available at health.gov.au
- the National Centre for Immunisation Research and Surveillance Vaccine fact sheets on preventable disease and vaccine safety available at ncirs.org.au/resources

Contact details for state and territory government health authorities

Australian Capital Territory Immunisation Enquiry	immunisation@act.gov.au
New South Wales	1300 066 055
Northern Territory Centre for Disease Control	immunisation.phd@nt.gov.au
Queensland	13 HEALTH (13 4325 84)
South Australia	1300 232 272
Tasmania	1800 671 738
Victoria	immunisation@health.vic.gov.au
Western Australia	immunisation@health.wa.gov.au