

INFLUENZA VACCINE MEDICAL CONTRAINDICATION FORM



Date / /

To whom it may concern

Request for access to a Residential Aged Care Facility (RACF) for reasons permitted under the NSW Public Health (COVID-19 Aged Care Facilities) Order (No 2) 2020 (the Order).

I am a registered medical practitioner.

I certify that, Date of birth: / / has the following medical contraindication to this season's influenza vaccine:

- anaphylaxis after a previous dose of any influenza vaccine
- anaphylaxis after any component of an influenza vaccine
- history of Guillain-Barré Syndrome whose first episode occurred within 6 weeks of receiving an influenza vaccine
- cancer immuno-oncology therapies (checkpoint inhibitors) – The patient has been advised to consult with their treating oncologist about the risks and benefits of influenza vaccination
- other medical contraindication; being

*Note - Fluvad Quad and Afluria Quad state that people with egg allergy (non-[anaphylaxis](#)) can receive an age-appropriate dose and therefore will not qualify for a medical contraindication

I certify that the above mentioned person has a medical contraindication and is not required to have an up-to-date vaccination against influenza prior to entry into a RACF.

Clause 6(1) (a)-(c) of the Order still applies. In general, a person permitted to enter a RACF under the Order must not enter or remain on the premises of a RACF if:

- during the 14 days immediately before the proposed entry, the person arrived in Australia from a place outside Australia, or
- during the 14 days immediately before the proposed entry, the person had known contact with a person who has a confirmed case of COVID-19, or
- the person has a temperature higher than 37.5 degrees or symptoms of acute respiratory infection.

Medical practitioner details

Name:

Address:

Telephone:

Email:

Provider number:

Signature:

Date: / /