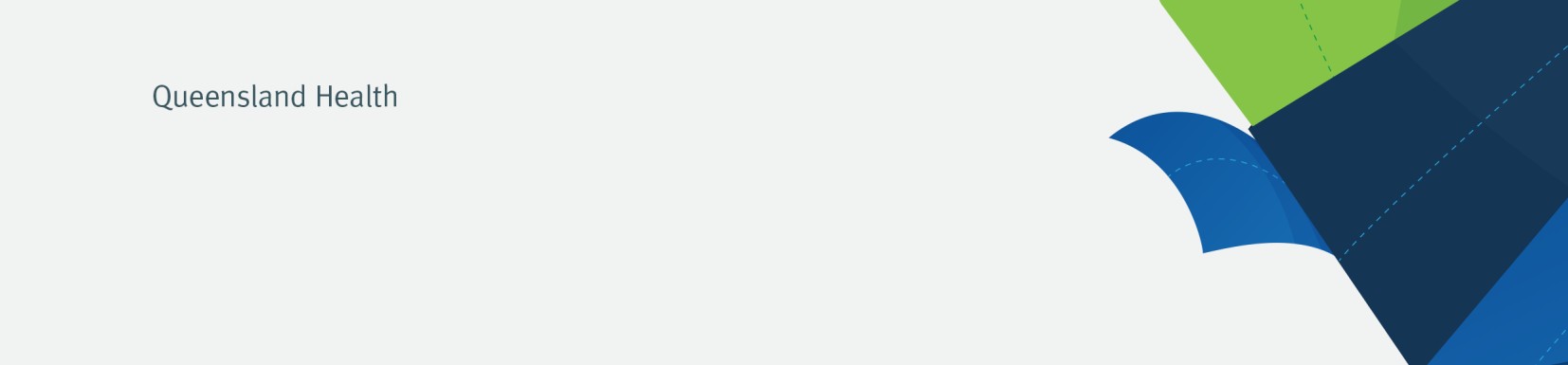
About this form



Employee COVID-19 vaccine exemption application form

This form is to be used by employees to seek an exemption to the COVID-19 vaccination requirements set out in *Health Employment Directive No. 12/21* (HED 12/21) and HR Policy *B70 Employee COVID-19 vaccination requirements* (QH-POL-486) in the following circumstances only:

* Where the employee has a recognised medical contraindication to the COVID-19 vaccine.
* Where the employee has refused the COVID-19 vaccine on grounds of a genuinely held religious belief.

In extremely limited circumstances, an employee may also use this form to detail other exceptional circumstances which preclude them from meeting the COVID-19 vaccine requirements. In this circumstance:

* Vaccine hesitancy and conscientious objection, by themselves, are not considered exceptional circumstances.
* Some other extenuating circumstance must exist.

Where this can be demonstrated, the employee’s circumstances will be considered on an individual basis in accordance with Queensland Health’s legislative obligations and industrial arrangements however limited exemptions will be granted.

This form and all relevant supporting documentation should be provided to your line manager who will consult with the local Human Resources team as required in relation to your request for exemption.

It is important to note the following in relation to requests for exemptions:

* Applications for exemptions will be considered on a case-by-case basis to determine whether an exemption is possible in the circumstances.
* Where an exemption is granted it may be temporary, permanent or conditional in nature.
* Exemptions will only be granted in exceptional circumstances.

Employee COVID-19 vaccine exemption application form - Guideline

1. Employee details

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| --- | --- |
| **Name:** | Click or tap here to enter text. |
| **Payroll ID:** | Click or tap here to enter text. |
| **Job title:** | Click or tap here to enter text. |
| **Work unit/area:** | Click or tap here to enter text. |
| **Facility:** | Click or tap here to enter text. |
| **Hospital and Health Service** | Click or tap here to enter text. |
| **Line manager name:** | Click or tap here to enter text. |
| **Line manager contact information** | Click or tap here to enter text. |

1. Exemption request

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| **Unable to receive any COVID-19 vaccine due to a recognised medical contraindication to the COVID-19 vaccine** | |
| **Requirement:** | An employee will be considered to have a medical contraindication for the purposes of applying for an exemption where they are unable to be vaccinated due to a recognised medical contraindication to the COVID-19 vaccine as outlined in a letter from their treating specialist medical practitioner.  A recognised medical contraindication is limited to include circumstances where the employee has a history of anaphylaxis or other recognised medical contraindications as outlined in the Australian Immunisation Handbook. |
| ☐  Tick box to confirm | I can confirm that I am unable to meet the COVID-19 vaccination requirements due to a recognised medical contraindication to the vaccine. |
| **Evidence requirements** | |
| An employee is required to provide a medical certificate from their treating specialist medical practitioner certifying:   * that the employee is unable to receive any COVID-19 vaccination because they have a recognised medical contraindication to the vaccine * whether the medical contraindication will permanently or temporarily prevent COVID-19 vaccination * if the medical contraindication is temporary in nature, when the employee may be able to receive the COVID-19 vaccination. | |
| ☐  Tick box to confirm | I have attached a copy of the above documentation |
| It is important to be aware that exemption requests will be considered in accordance with Queensland Health’s obligations and that approval will only be provided in exceptional circumstances | |

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| **Unable to receive any COVID-19 vaccine due to a genuinely held religious belief** | |
| **Requirement:** | An employee will be considered to have a genuinely held religious belief for the purposes of applying for an exemption where they are able to provide a letter specifying:   * their deeply held religious belief such that they are unable to receive any COVID-19 vaccine; and * their affiliation or connection to the religious group from a religious leader or official. |
| ☐  Tick box to confirm | I can confirm that I am unable to meet the COVID-19 vaccination requirements due to a genuinely held religious belief |
| **Evidence requirements** | |
| An employee is required to provide a letter from a religious leader or official certifying that:   * the employee has an affiliation/connection to a religious group; and * the employee has a genuinely held religious belief such that they are unable to receive any COVID-19 vaccine. | |
| ☐  Tick box to confirm | I have attached a copy of the above documentation |
| It is important to be aware that exemption requests will be considered in accordance with Queensland Health’s obligations and that approval will be only provided in exceptional circumstances | |

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| **Other exceptional circumstances** | |
| **Requirement:** | In extremely limited circumstances, an exemption may be granted where an employee can demonstrate other exceptional circumstances which preclude them from meeting the COVID-19 vaccine requirements. In this circumstance:   * Vaccine hesitancy and conscientious objection, by themselves, are not considered exceptional circumstances. * Some other extenuating circumstance must exist.   Where this can be demonstrated, the employee’s circumstances will be considered on an individual basis in accordance with Queensland Health’s legislative obligations and industrial arrangements however exemptions will only be granted in exceptional circumstances. |
| **Evidence requirements:**   * Please briefly detail the extenuating circumstances which preclude your meeting the COVID-19 vaccination requirements below | |
|  | |
| It is important to be aware that exemption requests will be considered in accordance with Queensland Health’s obligations and that approval will only be provided in exceptional circumstances | |

1. Employee certification

Please sign below to certify that the information provided in this application form and supporting documentation is true and correct

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| **Employee signature** |  |
| **Date** |  |

**Privacy Notice**

Personal and health information collected by the Department of Health or by a Hospital and Health Service (Queensland Health) is collected and handled in accordance with the *Information Privacy Act 2009* (Qld). The personal and health information provided by you will be securely stored and only accessible by authorised employees of Queensland Health (or its agents). Personal and health information disclosed on this form may be used for the purposes of ensuring compliance with the Health Employment Directive 12/21, workforce rostering and planning.

This information will not be disclosed to other third parties without consent unless the disclosure is authorised or required by or under law. For information about how Queensland Health protects your personal information, or to learn about your right to access your own personal information, please see our website at <http://www.health.qld.gov.au/global/privacy>

For your rights as a Queensland Health employee, please consult the Office of the Information Commissioner's guidelines at: [https://www.oic.qld.gov.au/guidelines/for-](https://www.oic.qld.gov.au/guidelines/for-government/guidelines-privacy-principles/collection/covid-19-vaccination-and-my-privacy-rights-as-a-queensland-health-employee) [government/guidelines-privacy-principles/collection/covid-19-vaccination-and-my-privacy-](https://www.oic.qld.gov.au/guidelines/for-government/guidelines-privacy-principles/collection/covid-19-vaccination-and-my-privacy-rights-as-a-queensland-health-employee) [rights-as-a-queensland-health-employee](https://www.oic.qld.gov.au/guidelines/for-government/guidelines-privacy-principles/collection/covid-19-vaccination-and-my-privacy-rights-as-a-queensland-health-employee).

The following vaccination information is requested or as required to support Queensland Health's obligations to provide a safe workplace under section 19 of the *Work Health and Safety Act 2011, Health Employment Directive 12/21* and other instruments including Public Health Directions issued in accordance with the *Public Health Act 2005*, as well as an overall response in controlling the COVID-19 pandemic.

Version Control

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| --- | --- | --- |
| Version | Date | Comments |
| 1 | 20 September  2021 | To be published on QHEPS |