

# **Vaccine Temporary Medical Exemption Clinical Criteria, Clinical Guidance and Resources**

**New Zealand COVID-19  
Vaccine and Immunisation Programme**

Version 8  
7 July 2022

## Summary of Changes

Version	Date	Section/ Appendix	Summary of Changes
5.0	10 March 2022	Applications	Addition of guidance for Overseas Applications
		Criteria for Exemption	Changes to 1A Criteria Details and Supporting Evidence to include RAT Results
		Application Form	Addition of Domestic or Overseas checkbox and a declaration statement around siting and verifying a positive PCR or RAT result
6.0	31 March 2022	Application Form	Correction of grammatical error in Please Note  Additional of question asking if consumer has been previously granted a TME in New Zealand
7.0	17 June 2022	Application Form	As a result of the revocation of the COVID-19 Public Health Response (COVID-19 Vaccination Certificate) Order 2021, 17 June 2022  Reference to only include mandated worker, included in declaration
8.0	7 July 2022	Application section	Description of who is now covered under the Order

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## Principles of Temporary Medical Exemption

- We recommend that all eligible people get vaccinated against COVID-19.
- Those with known medical conditions or poor health the risk of adverse outcomes from COVID-19 disease are substantially greater than the risk of adverse outcomes from COVID-19 vaccination.
- There are very few situations where a COVID-19 vaccine is contraindicated and, as such, a longer medical exemption is expected to be rarely required.
- Temporary exemptions should be limited to situations where a suitable alternative COVID-19 vaccine is not readily available for the individual.
- Temporary exemptions are time specific, reflecting, for example, recovery from clinical conditions or the availability of alternate vaccines and specialised supportive care arrangements to be vaccinated.
- Vaccination should be completed as soon as clinically safe within the exemption timeframe.
- It is likely that most people who are not medically exempt can be safely vaccinated, with some requiring extra precautions and/or support.
- The practitioner completing the application form should have an existing clinical relationship with the consumer and will support them for completing their vaccinations going forward.

## Those not medically exempt

- People who have had a negative experience with other vaccines in the past.
- Disabled people once adequate resources are available to support safe delivery. People with disabilities are generally at higher risk from COVID-19, and therefore are a priority for vaccination.
- Pregnant people. Pregnancy is not a valid reason for exemption in the absence of any of the criteria listed in the above table. Pregnancy is associated with higher risk from COVID-19 compared to the general population and therefore this group are a priority for vaccination.

## Adverse Events following Immunisation (AEFI)

An AEFI is an untoward medical event which follows immunisation and does not necessarily have a causal relationship with the administration of the vaccine. The adverse event may be an unfavourable or unintended sign, abnormal laboratory finding, symptom or disease. There is no legal requirement for healthcare professionals to report adverse events following immunisation (AEFIs). However, we encourage healthcare professionals to report all AEFIs. Consumers can also report any reactions they experience.

## Applications

A member of the public cannot apply for an exemption for themselves. If the Order applies to the person and they are not vaccinated and think they might be eligible for a temporary medical exemption, their usual medical practitioner or nurse practitioner can apply on their behalf.

**Note:** International applications can be completed by a registered medical practitioner (or equivalent) of the country of origin. Applications and supporting documents need to be provided in English for processing. If the application or any of the supporting documents need to be translated these will need to be completed by a certified translator.

The application may only be on the grounds that the person is a **mandated worker** and meets the specified exemption criteria. The application is submitted to the temporary medical exemptions panel run by the Ministry of Health.

Most completed domestic applications will be processed within 10 working days. Most completed international applications will be processed within 20 working days. **Please note:** Any incomplete application will be returned to the sender; processing will commence when it is complete.

The Director General of Health notifies the applicant and the mandated worker of the outcome of the application. If the application is granted, then a copy of the exemption will be provided in written or electronic form noting the expiry date of the exemption.

## Who is mandated?

Mandated workers who are covered by the Vaccination Order are:

- Health practitioners dealing with patients in person, such as doctors, nurses and dentists
- Workers in medical centres/GP practices and pharmacies (such as receptionists or assistants) whose role involves being within two metres or less of a health practitioner or a member of the public for a period of 15 minutes or more
- Workers who are employed or engaged by certified providers – which includes hospitals, rest homes, or residential disability care facilities - and who, as part of their ordinary duties, come within two metres or less of a health practitioner or a person to whom health care services are provided for a period of 15 minutes or more, and
- Care and support workers - workers employed or engaged to provide care and support services within a home or place of residence.

## Medical exemption duration

The medical exemption duration is up to 6 months, with the ability to apply for a new exemption if required. This time will allow mandated workers who can safely be vaccinated, with either the same vaccine or an alternative vaccine, as appropriate, to be protected against COVID-19 in a timely way.

## Additional Support

If you or your patient are uncertain about the criteria, please consider contacting IMAC for clinical decision-making support on **0800 IMMUNE (466 863)**.

## Further information resources

Information on assessing and supporting those with complex needs or requiring further support are available at: [Support and information for disabled people | Unite against COVID-19 \(covid19.govt.nz\)](#)

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## New Zealand Criteria for Temporary COVID-19 Vaccine Medical Exemptions (Version 2)

Category		Criteria Details	Exemption time to be vaccinated	Supporting Evidence	Select Exemption Categories
1	Acute illness	<b>1A. COVID-19 Infection</b> <ul style="list-style-type: none"> <li>PCR or Rapid Antigen Test (RAT) result - confirmed SARS-CoV-2 infection (within the last 3 months).</li> </ul> <p><b>Note:</b> Chronic symptoms following COVID-19 ("Long COVID") is not a contraindication to COVID-19 vaccine but does warrant a clinical discussion with the patient regarding the benefits and risks.</p>	If criteria met temporary exemption of up to 12 weeks.	PCR test or verified Rapid Antigen Test (RAT) result signed by the Applicant. The RAT result must have been uploaded into My COVID Record	1A. <input type="checkbox"/>
		<b>1B. Acute moderate to severe (non-COVID) illness</b> <ul style="list-style-type: none"> <li>Documented acute moderate to severe illness (e.g., severe pneumonia),</li> </ul> <p><b>AND</b></p> <ul style="list-style-type: none"> <li>advised to defer vaccination by a vaccination specialist. (advice available to health care providers at IMAC, 0800IMMUNE@auckland.ac.nz)</li> </ul>	If criteria met temporary exemption of up to 12 weeks.	Documentation of illness  Letter of support from their health practitioner  Documentation of advice from vaccine specialist	1B. <input type="checkbox"/>

		<p><b>1C.</b> <b>High Dose Immunosuppression</b></p>	<ul style="list-style-type: none"> <li>Receiving high dose immunosuppressive treatment and vaccination would be more effective if deferred for a short period (several weeks) (e.g., vasculitis)</li> </ul>	<p>If criteria met temporary exemption of up to 12 weeks.</p>	<p>Documentation of current illness</p> <p>Letter of support from medical specialist within the relevant scope of practice</p>	
2	<p><b>Previous reaction to a COVID-19 vaccine</b></p>	<p><b>2A.</b> <b>Significant Adverse Reaction to previous dose</b></p>	<ul style="list-style-type: none"> <li>Significant adverse reaction (e.g., diagnosed anaphylaxis) attributed to a previous dose of the same COVID-19 vaccine with no other cause identified, <b>AND</b> Inappropriate to rechallenge with same COVID-19 vaccine, <b>AND</b> No alternative appropriate COVID-19 vaccine available.</li> </ul> <p><b>Note:</b> An adverse reaction is considered significant for the purposes of these criteria if it:</p> <ul style="list-style-type: none"> <li>Requires in-patient hospitalisation or prolongation of existing hospitalisation OR results in persistent or significant disability/ incapacity,</li> </ul>	<p>If criteria met temporary exemption of up to 6 months. (this also includes allowing for symptom resolution before next vaccine dose if appropriate)</p>	<p>Clinical documentation of event (e.g., Discharge summary)</p> <p>Letter of support from the medical specialist within the relevant scope of practice.</p> <p>Clinically informed basis on why an alternative COVID-19 vaccine not appropriate.</p>	<p><b>2A.</b> <input type="checkbox"/></p>



			<p><b>AND</b></p> <ul style="list-style-type: none"> <li>▪ Has been reported to CARM, </li></ul> <p><b>AND</b></p> <ul style="list-style-type: none"> <li>▪ Has been determined following review by, and/or on the opinion of a relevant medical specialist that the risk of vaccination is greater than the potential benefits.</li> </ul>			
<b>3</b>	<b>Pre-existing condition impacting on vaccination</b>	<b>3A. Vaccine administration needs a supportive arrangement to meet individual care requirements</b>	<ul style="list-style-type: none"> <li>• Lead health practitioner has identified individual care requirements to support vaccine administration and the individual is unable to attend at an open access vaccination site.</li> </ul> <p><b>AND</b></p> <ul style="list-style-type: none"> <li>• Lead health practitioner needs time to arrange a suitably supportive environment or specialised care to administer the vaccine.</li> </ul>	If criteria met temporary exemption of up to 12 weeks.	Documentation of support tried or accessed to date.  Letter of support from a medical specialist within the relevant scope of practice	<b>3A.</b> <input type="checkbox"/>

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		<p><b>3B.</b> <b>Pre-existing diagnosis impacting on COVID-19 vaccination</b></p>	<ul style="list-style-type: none"> <li>• Pre-existing diagnosis is a contra-indication to specific COVID-19 vaccine (e.g., pericarditis/myocarditis for Pfizer),</li> </ul> <p><b>AND</b></p> <ul style="list-style-type: none"> <li>• No alternative appropriate COVID-19 vaccine available.</li> </ul>	<p>If criteria met temporary exemption up to 6 months.</p>	<p>Clinical documentation of diagnosis</p> <p>Letter of support from the medical specialist within the relevant scope of practice</p> <p>Clinically informed basis on why an alternative COVID-19 vaccine not appropriate.</p>	<p><b>3B.</b> <input type="checkbox"/></p>
		<p><b>3C.</b> <b>Terminal illness</b></p>	<ul style="list-style-type: none"> <li>• Life expectancy of less than 6 months</li> </ul>	<p>If criteria met temporary exemption of up to 6 months.</p>	<p>Clinical documentation of diagnosis</p> <p>Letter of support from their health practitioner</p>	<p><b>3C.</b> <input type="checkbox"/></p>
4	Vaccine Trials	<p><b>4A.</b> <b>Non-Placebo participant in a vaccine trial</b></p>	<ul style="list-style-type: none"> <li>• Those who are verified as having two doses of the trial vaccine (i.e., non-placebo) in any approved COVID-19 vaccine trial in Aotearoa New Zealand.</li> </ul>	<p>If criteria met temporary exemption of up to 6 months.</p>	<p>Letter of confirmation from the Vaccine Trial Clinical Lead</p>	<p><b>4A.</b> <input type="checkbox"/></p>

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## New Zealand Ministry of Health Application Form

### COVID-19 Vaccine Temporary Medical Exemption

Please send the completed application to [temporarymedicalexemption@health.govt.nz](mailto:temporarymedicalexemption@health.govt.nz)

This is not an urgent process; most completed domestic applications will be processed within 10 working days and international application within 20 working days. International Applications and supporting documents need to be provided in English for processing. If the application or any of the supporting documents need to be translated these will need to be completed by a certified translator.

**Please note:** Applications will only be processed for mandated workers.

An incomplete application will be returned to the sender; processing will commence once the completed application is received.

Consumer Details (must be a mandated worker)			
Applicant Type	Please tick one: <b>Domestic</b> application <input type="checkbox"/> or <b>International</b> application		
Country of Application			
Full Name			
Contact Phone number			
Contact Address			
Contact Email			
Address			
Date of Birth			
NHI			
<p>I [ _____ ], consumer, certify that:</p> <ul style="list-style-type: none"> <li>the information I have provided to the practitioner for the purposes of making this application is true.</li> <li>I am a mandated worker as defined by the COVID-19 Public Health Response (Vaccinations) Order 2021.</li> </ul>			
Consumer Signature		Date Signed	

## Applicant Details

Full Name	
Contact Phone number	
Contact Email	
Clinic Address and Country	
Registration number	
Health Practitioner Index Number (or international equivalent)	

Category exemption criteria (please tick those that apply)	<input type="checkbox"/> 1A	<input type="checkbox"/> 2A	<input type="checkbox"/> 3A	<input type="checkbox"/> 4A
	<input type="checkbox"/> 1B		<input type="checkbox"/> 3B	
	<input type="checkbox"/> 1C		<input type="checkbox"/> 3C	

The duration of the clinical relationship with the consumer is \_\_\_\_\_ years \_\_\_\_\_ months

I [ \_\_\_\_\_ ] nurse practitioner/medical practitioner [select] certify that I:

Have reviewed the consumer's medical history and assessed the person's state of health.

Yes / No

Have clinical evidence supporting the person meets the specified COVID-19 vaccination exemption criteria.

Yes / No

Has the consumer been previously granted a Temporary Medical Exemption in New Zealand?

Yes / No / Don't Know

For a 1A application, have sighted a positive PCR or a verified Rapid Antigen Test result.

Yes / No

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The attached supporting clinical evidence is:

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I certify that I provide this information believing it to be true.

Applicant Signature

Date Signed

**END**

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