

## COVID-19 Vaccine Temporary Medical Exemption Certificate

PRIVATE AND CONFIDENTIAL

DATE: *[insert date]*

Re: VACCINE TEMPORARY MEDICAL EXEMPTION

This letter certifies that *[full name of person being assessed]* application has been assessed in accordance with the Ministry of Health's Temporary Medical Exemption Process and a temporary medical exemption has been granted.

This exemption is granted pursuant to clause 9B of the COVID-19 Public Health Response (Vaccinations) Order 2021.

This exemption expires after *[insert number]* months after the date of issue being *[insert date]*.

This temporary medical exemption certificate is recorded as *[insert number]*.

*[Ministry of Health]*