

COVID-19 Vaccine Temporary Medical Exemption

Ministry of Health Approval Record

Consumer Details			
Full Name			
Contact phone			
Contact email			
Contact Address			
Vaccine Order Status	Yes <input type="checkbox"/> or No <input type="checkbox"/>		
NHI			
Exemption start date			
Exemption expiry date			
Category exemption categories	<input type="checkbox"/> 1A <input type="checkbox"/> 1B <input type="checkbox"/> 1C	<input type="checkbox"/> 2A <input type="checkbox"/> 2C <input type="checkbox"/> 2B <input type="checkbox"/> 2D	<input type="checkbox"/> 3A
Name		Role	
Signature		Date Signed	