

Te Marae Ora Cook Islands Ministry of Health

COVID-19 Vaccine Temporary Medical Exemption Application Form

Please send the completed application to: covidvacmedexemption@cookislands.gov.ck

Completed applications will be processed within 10 working days.

Consumer Details

Full Name			
Contact Phone number			
Contact Address			
Contact Email			
Address			
Vaccine Order Status	Yes <input type="checkbox"/>	or	No <input type="checkbox"/>
	Date of Birth		
NHI			

I [_____], consumer, certify that the information I have provided to the practitioner for the purposes of making this application is true.

Consumer Signature		Date Signed	
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Applicant Details

Full Name				
Contact Phone number				
Contact Email				
Clinic Address				
Registration number				
Category exemption criteria (please tick those that apply)	<input type="checkbox"/> 1A <input type="checkbox"/> 1B (4 of 4 criteria required) <input type="checkbox"/> 1C	<input type="checkbox"/> 2A <input type="checkbox"/> 2B	<input type="checkbox"/> 2C <input type="checkbox"/> 2D	<input type="checkbox"/> 3A

The duration of the clinical relationship with the consumer is _____ years _____ months

I [] medical practitioner 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

The attached supporting clinical evidence is:

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

Applicant Signature		Date Signed	
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