



health

Department:
Health
REPUBLIC OF SOUTH AFRICA



REQUEST FOR VACCINATION FOR SPECIAL CIRCUMSTANCES

1. This form should be completed by individuals requesting to be vaccinated due to special circumstances.
2. The completed form as well as a letter of request (which outlines the special circumstances) and documents supporting the request must be submitted to vaccine.admin@health.gov.za.
3. Individuals will be notified as to whether or not their request has been approved. Following approval, the individual will be provided with an EVDS vaccination code. This will allow the individual to present at a vaccination site for vaccination.
4. Please provide the information below:

| | |
|--|--|
| NAME: | |
| SURNAME: | |
| SA ID NUMBER: | |
| PASSPORT NUMBER (if no SA ID): | |
| COUNTRY OF ISSUE: | |
| DATE OF BIRTH: | |
| RESIDENTIAL ADDRESS: | |
| MOBILE NUMBER: | |
| EMAIL ADDRESS: | |
| MEDICAL AID DETAILS (IF APPLICABLE) NAME OF SCHEME AND NUMBER | |

I, _____ hereby verify that the above information is correct and give consent for the information to be uploaded onto the Electronic Vaccine Data System (EVDS).

Signed

Date