

**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](mailto: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:	
NAME OF MEDICAL SCHEME (IF APPLICABLE)	
PRIMARY MEMBER NUMBER	

**REASON FOR TRAVEL**

**Mark with a 'X'**

Business or work-related travel abroad	
Study at an accredited educational institution abroad	
Sportsman/woman representing the country	
Accessing medical care abroad	

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