

The Royal Children's Hospital Melbourne
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Date

To whom it may concern

This letter has been provided for the use of patients of the Rheumatology Service to acknowledge that they are eligible for COVID vaccination.

The parent of _____ certifies that their child is a patient of the rheumatology service of the Royal Children's Hospital and based on having an autoimmune disorder requiring immunosuppressive medication (methotrexate/leflunomide/corticosteroids or a biologic medication) their child is eligible for the COVID vaccination.

Name of parent

Signature of parent

For any questions please contact the Rheumatology Service on 03 9345 6437 or at rheumatology.team@rch.org.au

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