

COVID-19 Vaccine Fourth Dose Patient Referral Form

This form is to be completed for any patient who is eligible for a fourth dose (those who are severely or moderately immunocompromised as per the list below) in order for them to access vaccination at a community COVID-19 vaccination clinic or pharmacy. For more please refer to the [COVID-19 Vaccine Third Dose Recommendations](#) guidance document (refer to page 11 for information about Fourth Dose recommendations)

Patient Name: _____ Date: ____/____/____
MM DD YYYY

Patient Health Card Number: _____

Patient Eligibility

Please identify which of the eligibility criteria the patient meets:

- Individuals receiving dialysis (hemodialysis or peritoneal dialysis)
- Individuals receiving active treatment (e.g., chemotherapy, targeted therapies, immunotherapy) for solid tumour or hematologic malignancies
- Recipients of solid-organ transplant and taking immunosuppressive therapy
- Recipients of chimeric antigen receptor (CAR)-T-cell therapy or hematopoietic stem cell transplant (within 2 years of transplantation or taking immunosuppression therapy)
- Individuals with moderate to severe primary immunodeficiency (e.g., DiGeorge syndrome, Wiskott-Aldrich syndrome)
- Individuals with stage 3 or advanced untreated HIV infection and those with acquired immunodeficiency syndrome
- Individuals receiving active treatment with the following categories of immunosuppressive therapies: anti-B cell therapies² (monoclonal antibodies targeting CD19, CD20 and CD22), high-dose systemic corticosteroids, alkylating agents, antimetabolites, or tumor-necrosis factor (TNF) inhibitors and other biologic agents that are significantly immunosuppressive

Booster doses are recommended at an interval of 3 months (84 days) from third dose

Patient can receive fourth doses at 3 months: Yes

Specific scheduling requirements:

Physician Name: _____ CSPO#: _____

Signature: _____

I have provided counselling regarding the risks, benefits, and timing of a 3rd dose of COVID-19 vaccine in accordance with provincial guidance.

By signing, I confirm the information above to be true and accurate to the best of my knowledge.
