

COVID-19 VACCINE THIRD DOSE PHYSICIAN OR HOSPITAL SPECIALTY PROGRAM PATIENT REFERRAL FORM

Important to Note:

- Referral form to be completed **ONLY** when vaccination administration is unable to be completed intra-organizationally by Physician or Specialty Program responsible for eligible patient care.
- To refer an eligible candidate for a third dose of the COVID-19 vaccine, this form must be **COMPLETED IN FULL**, signed, and shared with the patient.
- Upon completion, this form may be provided digitally in .pdf format to eligible patients.
- Patient **MUST** present the completed form when attending their vaccination appointment.

Patient Name: _____

Date: ____/____/____
MM DD YYYY

Patient Health Card Number: _____

Based on the [recommendation](#) of the Chief Medical Officer of Health and health experts, Ontario is offering third doses of the COVID-19 vaccine to select vulnerable populations which may be required to provide sufficient protection based on a suboptimal or waning immune response to vaccines and increased risk of COVID-19 infection.

PATIENT ELIGIBILITY:

Please identify the relevant sub-category below of patient eligibility for a third dose of the COVID-19 vaccine:
(Note: The patient must meet one or more of the criteria listed below. Patients with other health conditions/criteria will not be accepted for third doses at this time.)

- Individual receiving active treatment for solid tumour or hematologic malignancies.
- Recipient of solid-organ transplant and taking immunosuppressive therapy.
- Recipient of chimeric antigen receptor (CAR)-T-cell therapy or hematopoietic stem cell transplant (within 2 years of transplantation or taking immunosuppression therapy).
- Individual with moderate to severe primary immunodeficiency (e.g., DiGeorge syndrome, Wiskott-Aldrich syndrome).
- Individual with stage 3 or advanced untreated HIV infection and those with acquired immunodeficiency syndrome.
- Individual receiving active treatment with the following categories of immunosuppressive therapies: anti-B cell therapies (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.

REGIONAL VACCINATION LOCATIONS AND INSTRUCTIONS:

COVID-19 VACCINATION CLINIC – 29 SPERLING DRIVE, BARRIE – WALK-INS ONLY
AUGUST 29 – SEPTEMBER 4 OPEN 10:00 A.M. TO 6:00 P.M.
SEPTEMBER 5 – 29 OPEN SUNDAY 10:00 A.M. TO 6:00 P.M. AND MONDAY TO WEDNESDAY 3:00 P.M. TO 7:00 P.M.
 ALTERNATIVELY, PLEASE VISIT A **LOCAL PHARMACY** OFFERING COVID-19 VACCINATION

PATIENT-SPECIFIC TREATMENT CONSIDERATIONS AND SCHEDULING:

Please Note: Third dose vaccinations can be administered no earlier than 8 weeks (or 56 days) after second dose.

CONDITION-SPECIFIC TREATMENT NEEDS:

- No Treatment Considerations
(May book as appropriate after second dose)
- Yes, Treatment must be Considered
Specific Scheduling Requirements: _____

1ST/2ND DOSE VACCINATION SCHEDULE & TYPE(S):

First Dose:	Vaccine Type: _____
	Date: _____ / _____ / _____
	MMM DD YYYY
Second Dose:	Vaccine Type: _____
	Date: _____ / _____ / _____
	MMM DD YYYY

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