COVID-19 VACCINE THIRD DOSE PHYSICIAN, PHARMACIST 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 a Physician or Specialty Program responsible for eligible patient care.
- To refer an eligible patient 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 Name: _____

Date: _____/____/_____
MMM DD YYYY

Patient Health Card Number: _____

Based on the recommendation of the Chief Medical Officer of Health and health experts, the province will begin offering third doses of a COVID-19 vaccine to select vulnerable populations 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 patient's reason for eligibility for a third dose of the COVID-19 vaccine:

- ☐ Transplant Recipient
  (Including: solid organ transplant and hematopoietic stem cell transplant)
- ☐ Patient with Hematological Cancer(s) and on Active Treatment for Malignant Hematologic Disorders
  (Disorders including: Lymphoma, Myeloma, Leukemia) (Treatments including: Chemotherapy, Targeted Therapies, Immunotherapy)
- ☐ Recipient of an anti-CD20 Agent
  (Including: Rituximab, Ocrelizumab, Ofatumumab)
- ☐ Those undergoing active treatment for solid tumors
- ☐ Those who are in receipt of chimeric antigen receptor (CAR)-T-cell
- ☐ Those with moderate or severe primary immunodeficiency (e.g., DiGeorge syndrome, Wiskott-Aldrich syndrome)
- ☐ Stage 3 or advanced untreated HIV infection and those with acquired immunodeficiency syndrome
- ☐ Those undergoing 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:

This referral form will be accepted at **ALL COVID-19 Vaccination Clinics.** WALK-INS WELCOME

Clinic locations:

- **St. Thomas,** Southwestern Public Health Health Unit 1230 Talbot Street
- **Woodstock,** Goff Hall, 381 Finkle Street

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: _____
  _____

SECOND DOSE VACCINATION DATE (IF KNOWN):

Date: _____/____/_____
MMM DD YYYY

Physician Name: _____ CSPO#: _____ Signature: _____

I have provided counselling regarding the risks, benefits, and timing of a third 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.