

## 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**.

##### Clinic locations:

- St. Thomas**, St. Thomas Memorial Arena, Auditorium, 80 Wilson Avenue
- 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.*