

COVID-19 VACCINE 3RD 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 3rd 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** (See page 2 for details).
- This form should NOT be sent to Hastings Prince Edward Public Health.

Patient Name: _____

Date: ____ / ____ / ____
MM DD YY
Patient Address: _____

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 3rd 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 3rd doses at this time - See page 2 for consensus definitions)

- Receiving active treatment* for solid tumour and hematologic malignancies
- Recipient of a solid-organ transplant and taking immunosuppressive therapy
- Recipient of chimeric antigen receptor (CAR)-T-cell or hematopoietic stem cell transplant (within two years of transplantation or taking immunosuppression therapy)
- 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
- 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 (refer to the [Immunization of Immunocompromised Persons -Canadian Immunization Guide](#) for suggested definition of high dose steroids), alkylating agents, antimetabolites, or tumor-necrosis factor (TNF) inhibitors and other biologic agents that are significantly immunosuppressive.

PATIENT-SPECIFIC TREATMENT CONSIDERATIONS AND SCHEDULING:

Please Note: 3rd 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
 (May book as appropriate after second dose)
 Specific Scheduling Requirements: _____

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

First Dose: Vaccine Type: _____
 Date: ____ / ____ / ____
MM DD YYYY

Second Dose: Vaccine Type: _____
 Date: ____ / ____ / ____
MM DD YYYY

Organization/Physician Name: _____ has provided information regarding the risks, benefits, and timing of a third dose of COVID-19 vaccine and confirms the information above to be true and accurate to the best of our knowledge.

Consensus Definitions for Currently Eligible Patients

*Active Treatment for Solid Tumour or Malignant Hematological Conditions

Recipients of stable, active treatment that can cause moderate to severe immunosuppression including:

- Patients receiving chemotherapy, targeted therapies, immunotherapy, and excludes individuals receiving therapy that does not suppress the immune system (e.g. solely hormonal therapy or radiation therapy)
- All malignant hematology patients who are on treatment or are within six months post-treatment (including all CML patients)
- Patients who have completed treatment within three months, or within 12 months for patients receiving B-cell depleting therapy
- Patients who are on active treatment with the following categories of immunosuppressive therapies: anti-B cell therapies (monoclonal antibodies targeting CD19, CD20 and CD22, e.g. rituximab, ocrelizumab, obinutuzumab, ofatumumab), high-dose systemic corticosteroids (prednisone equivalent of ≥ 20 mg/day), alkylating agents (e.g. bendamustine, cyclophosphamide), antimetabolites (e.g. 5-fluorouracil, methotrexate), or tumour-necrosis factor (TNF) inhibitors (e.g. infliximab) and other biologic agents that are significantly immunosuppressive.
- Patients of chimeric antigen receptor (CAR)-T-cell therapy or hematopoietic stem cell transplant (within two years of transplantation or taking immunosuppression therapy).

Patients must bring this completed form, along with their Ontario Health Card, or appropriate piece of identification, to their appointment.

- We have made the following arrangement for your vaccine if it is scheduled for:

Date (MM/DD/YY): ____/____/____

Location: _____

For questions/concerns/missed appointments please contact:

OR

- You can access the vaccine through HPEPH walk-in or pop-up clinics. For an up-to-date list of clinic dates and locations, please visit hpePublicHealth.ca/vaccine-booking/

OR

- You can access the vaccine through [pharmacies](https://covid-19.ontario.ca/vaccine-locations/) participating in the Ontario COVID-19 vaccination program. <https://covid-19.ontario.ca/vaccine-locations/>