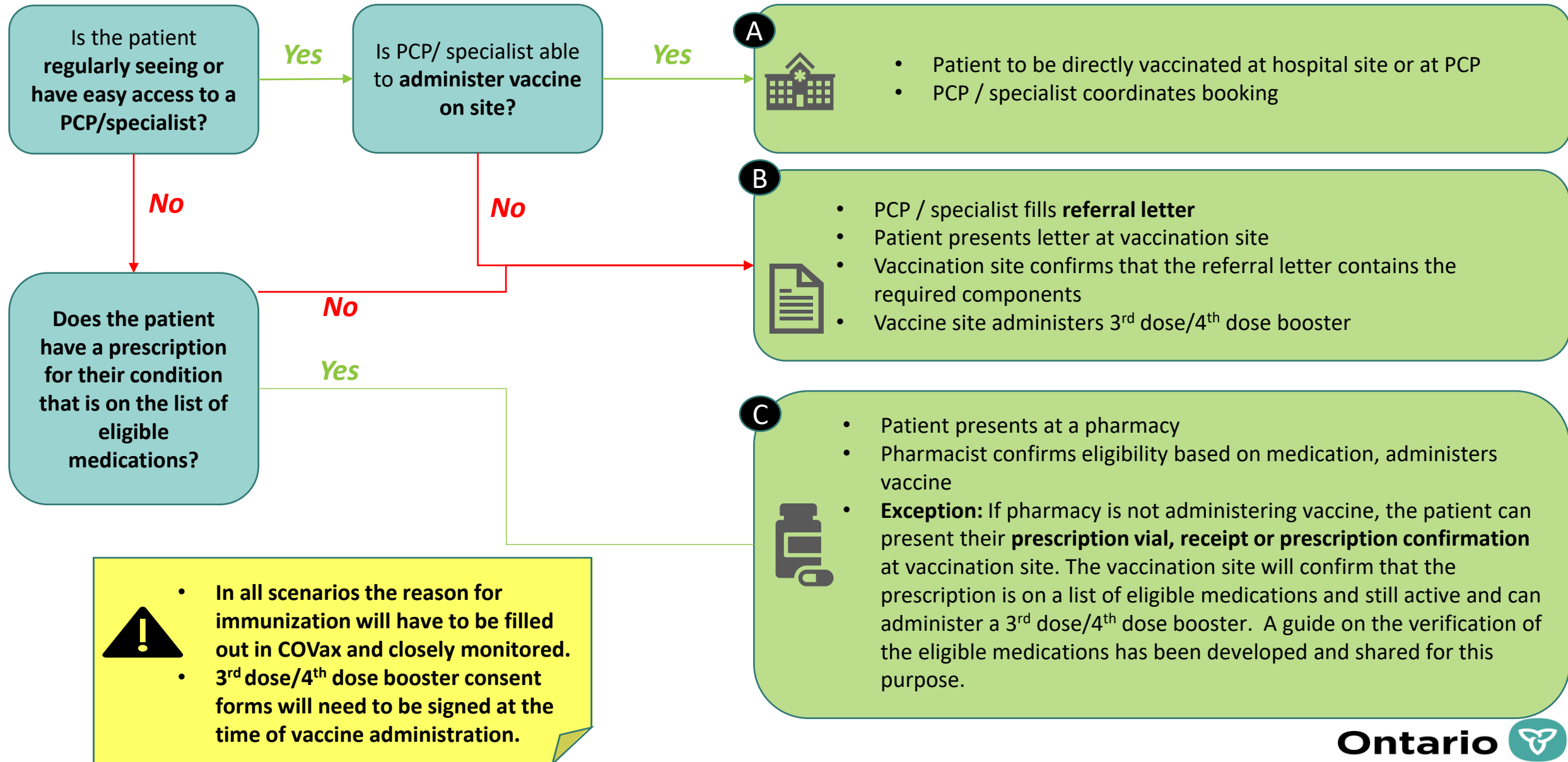


# Proposed Implementation Options and Process



**COVID-19 VACCINE 3RD DOSE/4TH DOSE BOOSTER  
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 or 4th dose booster 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 this form or a signed letter from a physician confirming eligibility when attending a COVID-19 vaccination clinic (see page 2 for details).
- Patients should retain this form after receiving a third dose, and may use it as proof of eligibility for fourth dose booster. Patients do not require a separate form for booster.
- 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 and fourth dose boosters 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 patient eligibility for a 3rd dose or 4th dose booster 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).

- Individuals receiving dialysis (hemodialysis or peritoneal dialysis).
- Individuals receiving active treatment<sup>1</sup> (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, hematopoietic stem cell transplant (within 2 years of transplantation or taking immunosuppression therapy), or hematopoietic cell transplants (autologous or allogeneic).
- Individuals with moderate to severe primary immunodeficiency (e.g., DiGeorge syndrome, Wiskott-Aldrich syndrome).
- Individuals with HIV with prior AIDS defining illness or prior CD4 count  $\leq$  200/mm<sup>3</sup> or prior CD4 fraction  $\leq$  15% or (in children 5-11 years) perinatally acquired HIV infection
- Individuals receiving active treatment with the following categories of immunosuppressive therapies: anti-B cell therapies<sup>2</sup> (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.

## 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. 4th dose boosters will be administered 3 months (84 days or more) after third dose.

### CONDITION-SPECIFIC TREATMENT NEEDS:

**No Treatment Considerations**  
(May book as appropriate after second or third dose)

**Yes, treatment must be considered**  
(May book as appropriate after second or third dose)

#### Specific Scheduling Requirements:

### 1st/2nd/3rd DOSE VACCINATION SCHEDULE & TYPE(S):

#### First dose:

Vaccine Type: \_\_\_\_\_

Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
MM DD YY

#### Second dose:

Vaccine Type: \_\_\_\_\_

Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
MM DD YY

#### Third dose (if applicable):

Vaccine Type: \_\_\_\_\_

Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
MM DD YY

**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.

<sup>1</sup> Active treatment includes patients who have completed treatment within 3 months. Active treatment is defined as chemotherapy, targeted therapies, immunotherapy, and excludes individuals receiving therapy that does not suppress the immune system (e.g., solely hormonal therapy or radiation therapy). See Ontario Health/Cancer Care Ontario's Frequently Asked Questions for more information.

<sup>2</sup> Active treatment for patients receiving B-cell depleting therapy includes patients who have completed treatment within 12 months.

Note: Individuals (12 years of age and older) who were receiving active treatment necessitating a three dose primary series, are eligible for a booster dose, even if not receiving active treatment currently.

**Patients must bring this completed form, along with their Ontario Health Card, or appropriate piece of identification, to the COVID-19 vaccination clinic.**

Patients can access the vaccine through COVID-19 vaccination clinics. For an up-to-date list of clinic dates and locations, please visit [hpePublicHealth.ca/vaccine-booking](https://hpePublicHealth.ca/vaccine-booking).

OR

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