

## COVID-19 VACCINE 3<sup>RD</sup> 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 3<sup>rd</sup> 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 3<sup>rd</sup> dose of the COVID-19 vaccine:

(Note: The Patient must meet one or more of the criteria listed below, any other patients with other health conditions/criteria will not be accepted for 3<sup>rd</sup> doses at this time.)

- 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)
- Individuals receiving active treatment (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 or hematopoietic stem cell transplant (within two years of transplantation or taking immunosuppression therapy)
- Individuals with moderate to severe primary immunodeficiency (e.g., DiGeorge syndrome, Wiskott-Aldrich syndrome)
- Individuals with stage 3 or advanced untreated HIV infection and those with acquired immunodeficiency syndrome
- Individuals 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 tumour-necrosis factor (TNF) inhibitors and other biologic agents that are significantly immunosuppressive.

### REGIONAL VACCINATION LOCATIONS AND INSTRUCTIONS:

Vaccination information and locations in Waterloo Region available at:

[www.regionofwaterloo.ca/GetVaccinated](http://www.regionofwaterloo.ca/GetVaccinated)

**PATIENT-SPECIFIC TREATMENT CONSIDERATIONS AND SCHEDULING:**

Please Note: 3<sup>rd</sup> 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: \_\_\_\_\_  
\_\_\_\_\_

**1<sup>ST</sup>/2<sup>ND</sup> 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 3<sup>rd</sup> 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.