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.

Patient Name: _________________________________  Date: ___________ / __ / __________
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, any other patients with other health conditions/criteria will not be accepted for 3rd 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
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
   Specific Scheduling Requirements: 

1ST/2ND DOSE VACCINATION SCHEDULE & TYPE(S)
First Vaccine Type: 
Dose: 
Date: MMM/DD/YYYY

Second Vaccine Type: 
Dose: 
Date: MMM/DD/YYYY

Physician Name: ______________________ CSPO#: _______________ Signature: ____________________

I have provided counselling regarding the risks, benefits, and timing of a 3rd 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.