



# COVID-19 VACCINE THIRD 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 Address: \_\_\_\_\_ Patient Health Card Number: \_\_\_\_\_

Based on the recommendation ([https://www.health.gov.on.ca/en/pro/programs/publichealth/coronavirus/docs/vaccine/COVID-19\\_vaccine\\_third\\_dose\\_recommendations.pdf](https://www.health.gov.on.ca/en/pro/programs/publichealth/coronavirus/docs/vaccine/COVID-19_vaccine_third_dose_recommendations.pdf)) 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)
- 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.
- 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 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
  - tumor-necrosis factor (TNF) inhibitors
  - other biologic agents that are significantly immunosuppressive



**VACCINATION LOCATIONS AND PATIENT INSTRUCTIONS:**

Call **705.674.2299** (toll-free: 1.800.708.2505), between 8 a.m. and 5:30 p.m., Monday to Friday.  
 or visit [www.phsd.ca](http://www.phsd.ca)

**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:

\_\_\_\_\_

**DOSE VACCINATION SCHEDULE & TYPE(S):**

First Dose: Vaccine Type: \_\_\_\_\_  
 Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
MM DD YYYY

Second Dose: Vaccine Type: \_\_\_\_\_  
 Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
MM 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.