



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 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: ____/____/____
MM DD YYYY

Patient Address: _____ Patient Health Card Number: _____

Based on the recommendation (<https://news.ontario.ca/en/backgrounder/1000751/ontarios-updated-covid-19-vaccination-eligibility>) 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)
- 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

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:

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 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