

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 Health Card Number:

Based on the [Ontario COVID-19 Vaccine Third Dose Recommendations Guidance Document](#) from the Ministry of Health, 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);
- 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; and
- 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, or tumor-necrosis factor (TNF) inhibitors and other biologic agents that are significantly immunosuppressive.
- Those on an immunosuppressant medication. A full list of medications can be found on the [COVID-19 Vaccine Third Dose Recommendations Guidance Document](#).

Regional Vaccination Locations and Instructions:

Please visit: <https://covid-19.ontario.ca/vaccine-locations> to find a pharmacy location near you.

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:	1 st /2 nd Dose Vaccination Schedule & Type(s):
<input type="checkbox"/> No Treatment Considerations (May book as appropriate after second dose)	First Dose
<input type="checkbox"/> Yes, Treatment must be Considered Specific Scheduling Requirements:	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 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.

REVISED: October 15, 2021