

## PHYSICIAN OR HOSPITAL SPECIALTY PROGRAM

### 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.)

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Individuals receiving active treatment (e.g., chemotherapy, targeted therapies, immunotherapy) for solid tumour or hematologic malignancies. | <input type="checkbox"/> Recipients of solid-organ transplant and taking immunosuppressive therapy.  | <input type="checkbox"/> 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 (refer to the CIG for suggested definition of high dose steroids), alkylating agents, antimetabolites, or tumor-necrosis factor (TNF) inhibitors and other biologic agents that are significantly immunosuppressive. |
| <input type="checkbox"/> Individuals with moderate to severe primary immunodeficiency (e.g., DiGeorge syndrome, Wiskott-Aldrich syndrome).                            | <input type="checkbox"/> Individuals with stage 3 or advanced untreated HIV infection and those with acquired immunodeficiency syndrome.   |  |
|   | <input type="checkbox"/> Recipients of chimeric antigen receptor (CAR)-T-cell therapy or hematopoietic stem cell transplant (within 2 years of transplantation or taking immunosuppression therapy). |  |

### REGIONAL VACCINATION LOCATIONS AND INSTRUCTIONS:

The COVID-19 vaccine is available at select pharmacies, at walk-in clinics held by the Timiskaming Health Unit, and through booked in-office appointments at the Timiskaming Health Unit offices in New Liskeard, Kirkland Lake, and Englehart. You can view our clinic schedule here: <https://www.timiskaminghu.com/90513/COVID-19-Vaccine#CurrentClinics>

**To inquire about vaccine clinic schedules or to book an in-office appointment, please call 866-747-4305, Ext. 6.**

### 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