

# COVID-19 VACCINATION FOR MODERATELY TO SEVERELY IMMUNOCOMPROMISED INDIVIDUALS

## PHYSICIAN OR HOSPITAL SPECIALTY PROGRAM: PATIENT REFERRAL FORM

Updated April 11, 2022

### IMPORTANT TO NOTE:

- Complete this form to refer moderately to severely immunocompromised individuals for a third or fourth booster dose
- Referral form to be completed ONLY when vaccination administration is **unable** to be completed by Physician or Speciality Program responsible for eligible patient care
- Client can present the completed form when attending their vaccine appointment (physician letter outlining eligibility or eligible medication prescription or vial is also acceptable)

Patient Name: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Patient Health Card Number: \_\_\_\_\_

### PATIENT ELIGIBILITY

Ontario's Ministry of Health [COVID-19 Vaccine Third Dose Recommendations](#) guidance outlines groups considered to be moderately to severely immunocompromised who are eligible to receive a third primary series dose and the subsequent fourth booster dose Please identify the relevant sub-category below for patient eligibility for a mRNA COVID-19 vaccine:

- Individuals receiving active treatment (e.g., chemotherapy, targeted therapies, immunotherapy) for a 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 three 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<sup>2</sup> (monoclonal antibodies targeting CD19, CD20 and CD22), high-dose systemic corticosteroids (refer to the [Canadian Immunization Guide](#) for suggested definition of high dose steroids), alkylating agents, antimetabolites, or tumor-necrosis factor (TNF) inhibitors and other biologic agents that are significantly immunosuppressive
- Individuals with conditions or prescription/s that may cause immunosuppression of a patient, similar to any impact of the conditions/medications listed above. Identify here:  
\_\_\_\_\_

## PATIENT-SPECIFIC TREATMENT CONSIDERATIONS AND SCHEDULING

The Ontario Ministry of Health (MOH) outlines:

- The recommended interval from the second dose of the initial primary series to the third dose is at least two months (56 days) for individuals five and older
- The recommended interval from the three-dose primary series to the fourth booster dose is at least three months (84 days) for individuals 18 years of age and older. For individuals 12 to 17 years old, the interval is six months (168 days)

Please refer to the MOH [COVID-19 Vaccine Third Dose Recommendations](#) guidance for more information.

### Condition Specific Treatment Needs:

- No treatment considerations
- Treatment must be considered
  - Specific scheduling requirements: \_\_\_\_\_

### First/Second/Third Dose Schedule and Types:

First Dose Vaccine Type: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

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

Third Dose Vaccine Type: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Physician Name: \_\_\_\_\_ CSPO#: \_\_\_\_\_

Signature: \_\_\_\_\_

I have provided counselling regarding the risks, benefits, and timing of a third or fourth booster 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.