

COVID-19 Vaccine 3rd dose Physician or Hospital Specialty Program

Patient referral form:

- 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.
- For more information on third doses, please visit: peelregion.ca/coronavirus/vaccine/about/#third

Patient Name: _____

Patient Date of Birth: _____ **Patient Health Card Number:** _____

Residence Address: _____

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)
- Active treatment** (chemotherapy, targeted therapies, immunotherapy) **for solid tumour or hematologic malignancy**
- Receipt of chimeric antigen receptor (CAR)-T-cell therapy**
- Moderate to severe primary immunodeficiency** (e.g., DiGeorge syndrome, Wiskott-Aldrich syndrome)
- Stage 3 or advanced untreated HIV infection and those with acquired immunodeficiency syndrome**
- 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.

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.

No timing considerations (May book as appropriate after second dose)

Yes, specific scheduling is required: _____

Vaccination locations and instructions:

Eligible clients that have received a third dose referral from their physician can attend:

- Peel Public Health clinics (walk-in appointments Tuesday to Saturday from 1 to 8 p.m.)
 - [10 Peel Centre Dr., Brampton](#)
 - [7120 Hurontario St., Mississauga](#)
 - [Caledon East Community Complex, 6215 Old Church Rd., Caledon East](#)
- Embassy Grand vaccination clinic - 8800 The Gore Rd., Brampton (walk-in appointments Monday to Thursday from 12 to 8 p.m., Friday to Sunday from 10 a.m. to 6 p.m.)
- Pharmacies participating in the Ontario COVID-19 vaccination program.
To view pharmacy locations and booking instructions, please visit: covid-19.ontario.ca/vaccine-locations/

By completing this form:

- I confirm the information above to be true and accurate to the best of my knowledge; and
- I have provided counselling regarding the risks, benefits, and timing of a 3rd dose of COVID-19 vaccine in accordance with provincial guidance.

Physician/Nurse Practitioner Name: _____

CPSO/CNO#: _____ Phone Number: _____

The information in this document is current as of October 22, 2021

CDS-1130 21/10

For more information, talk to your health care provider or visit peelregion.ca/coronavirus

