

COVID-19 Vaccine Referral Form

Severely to moderately immunocompromised individuals are advised to receive a 3-dose primary series, prioritized for a bivalent booster dose, and in some circumstances re-vaccination with a new primary series. Refer to Ministry of Health [COVID-19 Vaccine Guidance](#). Clients must present this form **completed and signed by their physician or nurse practitioner** when attending their COVID-19 vaccine appointment. Ensure that section 1, section 2 or 3, and section 4 is completed.

Section 1: Client Information

| | | | |
|---|---|---|--------------------|
| Last Name | First Name | Date of Birth | Health Card Number |
| | | YYYY / MM / DD | |
| Previous COVID-19 Vaccination (please complete the information below for any dose(s) of vaccine previously received) | | | |
| Dose # | Date Dose Administered (YYYY/MM/DD): | Vaccine Name (e.g. Pfizer, Moderna): | |
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Section 2: Three Dose Primary Series and/or Booster Dose

Client must meet one or more of the criteria below. Additional reasons for referral will not be accepted.

- Individuals receiving dialysis (hemodialysis or peritoneal dialysis)
- Recipient of a solid organ transplant and taking immunosuppressive therapy.
- Recipient of chimeric antigen receptor (CAR)-T-cell therapy or hematopoietic stem cell transplant (within 2 years of transplantation or taking immunosuppression therapy). Please complete section 3 below if re-vaccination indicated.
- Individuals with moderate to severe primary immunodeficiency (e.g., DiGeorge syndrome, Wiskott-Aldrich syndrome).
- Individuals with HIV with AIDS-defining illness in the last 12 months before starting vaccine series or severe immune compromise with CD4 count <200 cell/uL or CD4 percentage <15%, or without HIV viral suppression.
- Individuals receiving active treatment¹ for solid tumour or malignant hematologic disorders.
- Individuals receiving active treatment with the following categories of immunosuppressive therapies: anti-B cell therapies (monoclonal antibodies targeting CD19, CD20 and CD22 – including those who have completed treatment within 12 months), high-dose systemic corticosteroids (Refer to [CIG](#) for suggestion definition of high dose steroids), alkylating agents, antimetabolites, or tumor-necrosis factor (TNF) inhibitors and other biologic agents that are significantly immunosuppressive.

¹Active treatment is defined as chemotherapy, targeted therapies, immunotherapy, and excludes individuals receiving therapy that does not suppress the immune system (e.g. solely hormonal therapy or radiation therapy). This includes patients who have completed treatment within 3 months.

Treatment Considerations for Timing of Dose Interval

- The provincial recommended interval for a 3rd dose within a 3-dose primary series is 2 months (56 days) and a minimum of 4 weeks (28 days).

Note: NACI recommends that children **6 months to 5 years of age** may be immunized with a 3-dose primary series of Moderna Spikevax (25mcg) vaccine at an interval of 4 to 8 weeks between each dose. For **ages 5 years and older**, NACI recommends a minimum interval of 28 days between COVID-19 vaccine doses for a 3-dose primary series. However, a longer interval between doses is likely to result in a better immune response. To optimize the immune response and minimize delays in the management of underlying conditions, **if there are any treatment considerations, the treating physician must indicate the exact timing for the dose**. The recommended interval should consider risk factors for exposure and risk of severe disease from COVID-19 infection.

- The provincial recommended interval for booster doses is 6 months (168 days) for individuals 5 years of age and older and a minimum interval of 3 months (84 days).
- No treatment considerations. Client may receive dose in accordance with [provincial guidance](#)
- Yes, treatment must be considered*

***Please specify dose interval recommendation:**

Section 3: Re-Vaccination With a New COVID-19 Primary Series

Client must meet one or more of the criteria below. Additional reasons for referral will not be accepted.

- Post-transplantation for hematopoietic stem cell transplant (HSCT)
- Post-transplantation for hematopoietic cell transplant (HCT) (autologous or allogeneic)
- Recipients of CAR-T-cell therapy

Has your patient completed any of the above therapies? Yes No

If yes, when? Date: YYYY / MM / DD

Please indicate any treatment considerations that may affect the timing for re-vaccination of the primary series.
Refer to Ontario Health Cancer Care Ontario FAQ for [optimal timing for re-immunization](#).

- No treatment considerations. Client may receive re-vaccination of a new COVID-19 primary series (3 doses).
- Yes, treatment must be considered*

***Please specify considerations for timing of re-vaccination.**

Section 4: Physician / Nurse Practitioner Information

| Physician/Nurse Practitioner Name | Phone Number | Date |
|--|--------------|----------------|
| | | YYYY / MM / DD |
| <input type="checkbox"/> I have provided counselling on the risks, benefits, and timing of a 3rd dose of COVID-19 vaccine in accordance with provincial guidance . <input type="checkbox"/> I have provided counselling on the risks, benefits, and timing of a booster dose of COVID-19 vaccine in accordance with provincial guidance . OR <input type="checkbox"/> I have provided counselling on the risks, benefits, and timing re-vaccination of the primary COVID-19 vaccine series in accordance with optimal timing for re-immunization . | | |
| Physician/Nurse Practitioner Signature | | |

For information on where to get vaccinated in Halton, visit halton.ca/COVIDvaccines.