



Medical Exceptions to Extended Interval Form

Clients eligible for a **Ministry approved medical exception** to the extended dose interval are to bring this form to their physician for completion prior to booking their vaccine appointments, indicating they have one of the medical exceptions listed below. This completed form must be brought to each vaccination appointment.

To book an appointment, please visit www.halton.ca/vaccine and book under "Individuals with Health Conditions". Only those with the specific health conditions identified below will be eligible for a shorter interval.

*If you have already received your first dose, please provide your physician with the proof of vaccination slip and **call 311** to book your second dose. Efforts will be made to schedule the second dose as close as possible to the recommended interval. You must bring this completed form to your second dose appointment. Vaccine for shorter intervals will not be administered without the completed form.*

Client Information

Client Last Name	Click or tap here to enter text.
Client First Name	Click or tap here to enter text.
Phone Number	Click or tap here to enter text.
Health Card Number	Click or tap here to enter text.
Date of Birth	Click or tap to enter a date.

Physician Information

Has the client named above received a first dose?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure
If yes, which vaccine was received?	Click or tap here to enter text.
If yes, what was the date of the first dose?	Click or tap to enter a date.
Reason for exception to extended vaccine dose interval? NOTE: Additional exceptions cannot be added to this form. Any additions will not result in patients receiving a shorter interval.	<input type="checkbox"/> Transplant recipient (including solid organ transplants and hematopoietic stem cell transplants) <input type="checkbox"/> Individual with malignant hematologic disorder receiving active treatment (specifically chemotherapy, target therapies, or immunotherapy) <input type="checkbox"/> Individual with non-hematologic malignant solid tumor receiving active treatment (specifically chemotherapy, target therapies, or immunotherapy) <input type="checkbox"/> Individual undergoing hemodialysis or peritoneal dialysis <input type="checkbox"/> Individual receiving treatment with an anti-CD20 agent (ex. Rituximab, Ocrelizumab, Ofatumumab)
Physician Name	Click or tap here to enter text.
Phone Number	Click or tap here to enter text.
Date	Click or tap to enter a date.
Signature	