



**Lakeridge
Health**

**COVID-19 Vaccine Allergy and Viral Vector
Vaccine Clinic
Lakeridge Health
Patient Referral Form**

- **Once completed fax pages to 905-697-2746; the clinic will contact the patient to schedule an appointment**
- Walk-in patients with the form in hand will not be accepted; the form must be faxed by allergist/specialist office
- Patients must meet at least one of the eligibility criteria listed for this clinic

| | |
|---------------------|---------------------------|
| DATE: | |
| PATIENT INFORMATION | |
| FULL NAME: | DOB: |
| HEALTH CARD #: | PHONE NUMBER: () - |
| EMAIL ADDRESS: | |
| ALLERGIES: | |

Clinic Eligibility

Lakeridge Health will only accept referrals for individuals with **mild to moderate** COVID-19 vaccine allergic reactions to doses administered. Those who experienced a severe reaction and/or require fractionated dosing require referral to another centre (e.g. Sunnybrook Drug and Safety Clinic or St. Michael's Hospital)

Patient is eligible for vaccination in this clinic due to (check one):

- Mild to Moderate COVID-19 vaccine allergic reaction to previous dose**

Circle vaccine they received:

| | | | | Date of Vaccine |
|-------------|--------|---------|--------------|-----------------|
| First Dose | Pfizer | Moderna | Astra Zeneca | |
| Second Dose | Pfizer | Moderna | Astra Zeneca | |

- Requires a dose of viral vector COVID-19 Vaccine for one of the following:**
- Allergist/Immunologist assesses that viral vector COVID-19 vaccine is recommended due to a documented allergic reaction to a previous dose of an mRNA COVID-19 vaccine or any of its components.
 - A specialist determines viral vector COVID-19 vaccine is required due to other contraindications to an mRNA vaccine (excluding myocarditis or pericarditis). Please specify detail of contraindication to mRNA vaccine:





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Type and the severity of the reaction to previous vaccine, and treatment administered:

Details:

AEFI form **must be completed** as a part of the COVID-19 Vaccine Allergy referral requirement.

Was an AEFI form completed and submitted to Public Health? Yes No

Patient-Specific Treatment Considerations/Suggestions:

What vaccine is recommended for 2nd and 3rd dose?

Pfizer Moderna viral vector

Medications recommended to be given at the clinic:

Prior to vaccine administration

During vaccine administration

Post vaccine administration

Patient will be expected to remain at the clinic post vaccine administration for observation. Please indicate monitoring timeframe recommendation:

What instructions have been provided to the patient for pre and post-vaccination?

(e.g. medications prescribed; when patient has been instructed to take these)

REFERRING PRACTITIONER NAME:

CPSO number:

SIGNATURE:

PHONE NUMBER: () -

By signing, I confirm the information above to be true and accurate to the best of my knowledge.

CLINIC USE

