

## COVID-19 Vaccine 3<sup>rd</sup> Dose Lakeridge Health Specialty Program (Durham Public Health Unit) Patient Referral Form

## **Important to Note**

- To refer an eligible candidate for a 3<sup>rd</sup> dose of the COVID-19 vaccine, this form must be completed in full
- Once completed fax the form to 905-721-4876; 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 the primary care provider/specialist office

Date:		
Patient Name:		Date of Birth:
Health Card Number:		Pt Phone Number:
Pt ema	nil address (if avail):	
offerin provid	g third doses of a COVID-19 v	ne Chief Medical Officer of Health and health experts, the province is raccine to select vulnerable populations which may be required to on a suboptimal or waning immune response to vaccines and i.
Patien	t Eligibility:	
Please vaccin	•	egory below of patient eligibility for a 3 <sup>rd</sup> dose of the COVID-19
	Transplant Recipient (i.e. so	lid organ transplant and hematopoietic stem cell transplant)
	•	Cancer(s) and on Active Treatment for Malignant Hematologic ng Lymphoma, Myeloma, Leukemia; Treatments including erapies, Immunotherapy)
	Recipient of an anti-CD 20 A	agent (E.G. Rituximab, Ocrelizumab, Ofatumumab)
Patien	t-Specific Treatment Conside	rations:
Please dose.	note: 3 <sup>rd</sup> dose vaccinations ca	an be administered no earlier than 8 weeks (or 56 days) after second
	No treatment consideration	S
	Yes, treatment must be con	sidered. Specific scheduling requirements:
Prescri	ber Name & Registration Nur	mber:
Prescr	ber's contact phone number:	
Signati By signin	Ure:	true and accurate to the best of my knowledge