

PLACE DEMOGRAPHIC STICKER  
HERE

**COVID-19 VACCINE THIRD DOSE PHYSICIAN,  
PHARMACIST OR HOSPITAL SPECIALTY PROGRAM**

**PATIENT REFERRAL FORM:**

**Important to Note:**

- To refer an eligible patient for a third dose of the COVID-19 vaccine, this form must be **COMPLETED IN FULL**, signed and shared with the patient.
- Patient **MUST** present the completed form when attending their vaccination appointment.
- Third dose vaccinations can be administered no earlier than 8 weeks (or 56 days) after second dose.

Patient Name: \_\_\_\_\_

Patient Health Card Number: \_\_\_\_\_

**SECOND DOSE VACCINATION  
DATE (IF KNOWN):**

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
MMM DD YYYY

Based on the [recommendation](#) of the Chief Medical Officer of Health and health experts, the province will begin offering third doses of a COVID-19 vaccine to select vulnerable populations to provide sufficient protection based on a suboptimal or waning immune response to vaccines and increased risk of COVID-19 infection.

**PATIENT ELIGIBILITY:**

Please identify the patient's reason for eligibility for a third dose of the COVID-19 vaccine:

- |   |   |
|---|---|
| <input type="checkbox"/> <b>Transplant Recipient</b> (Including: solid organ transplant and hematopoietic stem cell transplant)   | <input type="checkbox"/> <b>Recipient of an anti-CD20 Agent</b> (Including: Rituximab, Ocrelizumab, Ofatumumab) |
| <input type="checkbox"/> <b>Patient with Hematological Cancer(s) and on Active Treatment for Malignant Hematologic Disorders</b><br>(Disorders including: Lymphoma, Myeloma, Leukemia)<br>(Treatments including: Chemotherapy, Targeted Therapies, Immunotherapy) | <input type="checkbox"/> <b>Other reason:</b><br>_____  |

*\*Please see list of other eligible health conditions and indicate above: [www.healthunit.com/covid-19-vaccine-eligibility#third-dose](http://www.healthunit.com/covid-19-vaccine-eligibility#third-dose)*

**REGIONAL VACCINATION LOCATIONS AND INSTRUCTIONS:**

This referral form will be accepted at **ALL Middlesex-London Health Unit (MLHU) & London Health Sciences Centre (LHSC) COVID-19 Vaccination Clinics.** WALK-INS WELCOME.

MLHU clinic locations and hours of operation: [www.healthunit.com/covid-19-vaccine-eligibility](http://www.healthunit.com/covid-19-vaccine-eligibility)

[LHSC clinic locations and hours of operation:](#)

- **LHSC University Hospital**  
B3-248 Mon to Fri 8:30AM – 1:00PM
- **LHSC Victoria Hospital**  
B1 Foundation Mon to Fri 9:00AM – 5:00PM

**PATIENT-SPECIFIC TREATMENT NEEDS:**

- |   |  |
|---|--|
| <input type="checkbox"/> No Treatment Considerations<br>(May book as appropriate after second dose) | <input type="checkbox"/> Yes, Treatment must be Considered<br>Specific Scheduling Requirements:<br>_____ |
|---|--|

Physician Name: \_\_\_\_\_

CSPO#: \_\_\_\_\_

Signature: \_\_\_\_\_

Date (mm/dd/yy) \_\_\_\_\_

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