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COVID-19 Vaccine 3rd Dose – Primary Care Patient Referral Form

Important to Note:

- Referral form to be completed **ONLY** when vaccination administration is unable to be completed on site by Health Care Provider (HCP) responsible for eligible patient care
- To refer an eligible candidate for a 3rd dose of the COVID-19 vaccine, this form must be **completed in full**
- Client **MUST** present the completed form when attending their vaccination appointment.
- 3rd dose vaccinations can be administered **no earlier than 8 weeks** (56 days) after second dose.

Patient Name:	
Patient Health Card Number:	
Patient Address:	

Patient Eligibility (*Physician to check relevant criteria below*):

<input type="checkbox"/>	Transplant recipients (including: solid organ transplant and hematopoietic stem cell transplants)
<input type="checkbox"/>	Patient with hematological cancers on active treatment for malignant hematologic disorders (Disorders including: lymphoma, myeloma, leukemia) (Treatments including: chemotherapy, targeted therapies, immunotherapy)
<input type="checkbox"/>	Recipient of an anti-CD20 agent (Including: rituximab, ocrelizumab, ofatumumab)

Patient-Specific Treatment Considerations

<input type="checkbox"/>	No treatment considerations (May book as appropriate after second dose)
<input type="checkbox"/>	Yes, treatment must be considered. Specific treatment considerations: <hr/> Dose 1 Product: Dose 1 Date: Dose 2 Product- Dose 2 Date-

Vaccination Locations and Instructions:

<p>Thunder Bay: TBDHU mass immunization clinic</p> <p>CLE Coliseum Clinic 425 Northern Ave, Thunder Bay, ON Walk-in or appointment</p> <p>For dates and hours, visit tbdhu.com/covidclinics or call (807) 625-5900 or Toll-Free at 1-888-294-6630</p>	<p>District: your local Family Health Team</p> <p>See https://www.tbdhu.com/districtvaccines for comprehensive list or call:</p> <p>Nipigon/Red Rock (807) 886-1060 Schreiber/Terrace Bay (807) 825-7770 Marathon/Manitouwadge (807) 229-1820 Greenstone (807) 854-0454</p>
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I have provided counselling regarding the risks, benefits, and timing of a 3rd dose of COVID_19 vaccine in accordance with provincial guidance:

HCP Name _____ CPSO#: _____

Signature _____ Date _____

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