

September 3, 2021

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

This referral letter **MUST** be presented by the patient when attending their vaccination appointment. An eligible patient requires a referral from their physician/nurse practitioner/specialist **ONLY** when vaccination administration is unable to be completed intra-organizationally by their physician, physician group, nurse practitioner or Specialty Program responsible for their care.

The referral letter must include:

**1. Patient / client information**

- a. Name
- b. Health Card Number
- c. Residence Address

**2. Confirmation that the [patient is eligible](#) to receive the 3<sup>rd</sup> dose**

- a. 3<sup>rd</sup> dose vaccinations can be administered no earlier than 8 weeks (or 56 days) after second dose.
- b. The Patient meets one or more of the criteria listed below (Any other patients with other health conditions/criteria will not be accepted for 3<sup>rd</sup> doses at this time.)
  - **Transplant Recipient** (Including: solid organ transplant and hematopoietic stem cell transplant)
  - **Patient with Hematological Cancer(s) and on Active Treatment for Malignant Hematologic Disorders** (Disorders including: Lymphoma, Myeloma, Leukemia) (Treatments including: Chemotherapy, Targeted Therapies, Immunotherapy)
  - **Current Recipient of an anti-CD20 Agent** (Including: Rituximab, Ocrelizumab, Ofatumumab)

**3. Patient-specific concerns**

**4. Authorized organizational sign off**

- a. Affirmation by Physician / Nurse Practitioner / Specialist that the referred patient's eligibility for 3<sup>rd</sup> dose with signature
- b. Physician / Nurse Practitioner / Specialist Contact information
- c. Physician / Nurse Practitioner / Specialist Identifying number

Attached is a sample letter for you to refer your eligible patients.

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**PHYSICIAN / NURSE PRACTITIONER / SPECIALIST LETTERHEAD**

DATE

**RE: COVID-19 VACCINE THIRD DOSE**

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

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

Patient Address: \_\_\_\_\_

I confirm that the \_\_\_\_\_ (*patient name*) meets one or more of the criteria below to receive a third dose of the COVID-19 vaccine and it has been more than 8 weeks since they received their second dose.

- **Transplant Recipient** (Including: solid organ transplant and hematopoietic stem cell transplant)
- **Patient with Hematological Cancer(s) and on Active Treatment for Malignant Hematologic Disorders** (Disorders including: Lymphoma, Myeloma, Leukemia) (Treatments including: Chemotherapy, Targeted Therapies, Immunotherapy)
- **Current Recipient of an anti-CD20 Agent** (Including: Rituximab, Ocrelizumab, Ofatumumab)

*Include IF APPLICABLE:* Treatment must be Considered. Specific Scheduling Requirements: \_\_\_\_\_

I have provided counselling regarding the risks, benefits, and timing of a third dose of COVID-19 vaccine in accordance with provincial guidance.

Physician / Nurse Practitioner / Specialist Name: \_\_\_\_\_

College #: \_\_\_\_\_

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

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