PublicHealth
WELLINGTON-DUFFERIN-GUELPH
Stay Well.

Version: May 18, 2021

COVID-19 Vaccine Referral Form

Complete this form for any patients referred for exception to the delayed second dose interval for COVID-19 vaccines due to specific health conditions.

Last Name	**First Name**	**Health Card No.**
Date of Birth MM / DD / YYYY	**Primary Care Provider**	
Home Phone	**Mobile Phone**	**Email address**

COMPLETE THIS SECTION FOR REFERRALS FOR EXCEPTION TO EXTENDED DOSE INTERVAL

Received first dose: ☐ **Yes** ☐ **No** ☐ **Not Sure**

Reason for exception to extended vaccine dose interval*:

- ☐ Transplant recipient (including solid organ transplants and hematopoietic stem cell transplants)
- ☐ Individual with malignant hematologic disorder or non-hematologic malignant solid tumor receiving active treatment (chemotherapy, target therapies, immunotherapy)
- ☐ Individuals undergoing hemodialysis or peritoneal dialysis

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***Individuals must have one of the health conditions listed to receive an exception to the extended dose interval. Individuals referred based on other health conditions or criteria will not be contacted.**

Completed forms can be faxed to **1-855-934-5463**