



Planning for your COVID-19 vaccine

This form is to be used for people who are severely immunocompromised and require a third COVID-19 vaccine dose to complete their vaccine series, known as CEVI - group 1. The majority of these patients will be notified by the Get Vaccinated system (by email/ text) of their eligibility and do NOT require this form. This form is only for those people who did not get a notification message but who have one or more of the conditions outlined below and therefore are recommended for a third dose to complete their first vaccine series. **The patient must bring this form to vaccine clinic to confirm their eligibility and receive their vaccination.**

Patient Last Name	Patient First Name	Patient Middle Name(s) (Optional)
Personal Health Number (PHN)	Date of Birth (MM / DD / YYYY)	

The patient named above meets the criteria for a third COVID-19 vaccine dose based on their condition, or medications and treatments they are prescribed. Eligible patients are born in 2009 or earlier.

Please review the **SPECIFIC DEFINITIONS** for CEVI - group 1 below and check all that apply to your patient:

- Have had a solid organ transplant. May include a heart, lung, liver, kidney, pancreas or islet cells, bowel or combination organ transplant
- Since January 2020, have been treated on b-cell depleting agents (i.e. epratuzumab, MEDI-551, belimumab, BR3-Fc, AMG-623, Atacicept, anti-BR3, alemtuzumab)
- Since January 2021, have received or are receiving active treatment (chemotherapy, targeted therapies including CAR-T, immunotherapy) for malignant hematologic conditions or lymphoma (e.g. leukemia, lymphoma, or myeloma)
- Have combined immune deficiencies affecting Tcells, immune dysregulation (particularly familial hemophagocytic lymphohistiocytosis) or those with type 1 interferon defects (caused by a genetic primary immunodeficiency disorder or secondary to anti-interferon autoantibodies)
- Since January 2020, have received treatment with any anti-CD20 agents (i.e. rituximab, ocrelizumab, ofatumumab, obinutuzumab, ibritumomab, tositumomab)
- Since Sept 2019, have had bone marrow or stem cell transplant or are still taking immunosuppressant medications related to transplant.

Physician/Nurse Practitioner Last Name	Physician/Nurse Practitioner First Name and Middle Initial	Physician/Nurse Practitioner Signature
MSP Number	Date (MM / DD / YYYY)	

Patient must not be charged for completion of this form.

Your personal information is being collected under sections 26 (c), (e) of the Freedom of Information and Protection of Privacy Act, for the purposes of registering and scheduling your COVID-19 vaccination. Personal information may be shared with personnel providing support services and follow-up. For a privacy-related matter only, please contact a privacy officer at 1-855-229-9800.