

COVID-19 Vaccine - Highest Risk Populations and Patients with Medical Exceptions to Extended Dose Interval Form

If a patient has one of the following **"highest risk" medical conditions** listed below, they are eligible for a vaccine appointment. **Please note they will need to call the provincial booking line 1-833-943-3900 (TTY 1-866-797-0007) to schedule their appointment. These patients will not require a letter from their clinician.**

- Organ transplant recipients (including patients waitlisted for transplant)
- Hematopoietic stem cell transplant recipients
- People with neurologic diseases in which respiratory function may be compromised (e.g. motor neuron disease, myasthenia gravis, multiple sclerosis)
- Hematologic malignancy diagnosed <1 year
- Kidney disease with estimated glomerular filtration rate (eGFR) under 30
- Pregnant women

These patients are also eligible to have one (1) essential caregiver vaccinated at the time they receive their first dose. Caregivers' first appointment should be booked at the same time as the eligible highest risk individual. Essential caregivers will not be eligible for the shortened second dose interval. The duration between doses will be 16 weeks (4 months).

Of the above Highest Risk populations, the following patients are eligible to receive the COVID-19 vaccine at the shortened dose interval of **26** days (for both Moderna and Pfizer-BioNTech COVID-19 Vaccines) or **12** weeks for AstraZeneca.

- 1. Transplant recipients** (including solid organ transplants and hematopoietic stem cell transplants)
- 2. Individual with malignant hematologic disorder** receiving active treatment (specifically chemotherapy, target therapies of immunotherapy)
- 3. Individual with non-hematologic malignant solid tumor** receiving active treatment (specifically chemotherapy, target therapies of immunotherapy), excludes individuals receiving solely hormonal therapy or radiation therapy
- 4. individuals undergoing hemodialysis or peritoneal dialysis**

This patient group **will require** a letter or form from their clinician to confirm that they are eligible to receive a second dose appointment at the 28-day interval, identifying the reason for exception. **The letter or form (see page 3), should be presented at both the first and second appointments to confirm that they are eligible to get a second dose appointment at the shortened dose interval.**

If the patient has already received a first dose of COVID-19 vaccine, the patient must provide their clinician with their proof of vaccination slip to complete this form. **This form (or similar letter from the clinician), must be presented at their second dose appointment to confirm eligibility for second dose at the 28-day interval.** Patients must contact the hospital, pharmacy, or Public Health Unit where they received their first dose to arrange their second dose at the shorter interval and will need to receive the same COVID-19 vaccine received at first dose.

Niagara Health

(905-378-4647, Ext. 49099)

for vaccination at Seymour-Hannah
Sports and Entertainment Centre

Niagara Region Public Health

(905-688-8248, press 7 then press 2)

for all Public Health clinic locations

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Clinician to Complete This Form for Eligible Patients Only

Patient Information

Patient Last Name

Patient First Name

Health Card Number

Date of Birth

Clinician Information

Has the patient named above received a first dose of COVID-19 vaccine? (Check one)

Yes

No

Don't know

If yes, which vaccine was received (from proof of vaccination slip)

If yes, What was the date of the first dose (from proof of vaccination slip)?

Reason for exception to extended vaccine dose interval (Check appropriate box)

Transplant recipient (including solid organ transplants and hematopoietic stem cell transplants)

Individual with malignant hematologic disorder receiving active treatment (specifically chemotherapy, target therapies of immunotherapy)

Individual with non-hematologic malignant solid tumor receiving active treatment (specifically chemotherapy, target therapies of immunotherapy)

Clinician Name

Clinician College Number

Clinician Phone Number

Date

Clinician Signature

Clinician stamp/label