

CONFIRMATION FORM - COVID-19 VACCINATION

Client's Name _____

Date of Birth	Age	Cell / Home Phone
Health Card #	Doctor/ Nurse Practitioner	

COVID-19 vaccination of certain groups requires a conversation on the risks and benefits of vaccination with the health care provider most familiar with your current medical condition (eg. primary care physician, medical specialist or nurse practitioner).

PLEASE CHECK ONE OF THE FOLLOWING:

- I am pregnant** or could be pregnant. It is not known if the vaccine is safe in pregnancy because it has not been studied in pregnancy. Avoid trying to get pregnant for 1 month after the second dose of vaccine.

- I am breastfeeding.** It is unknown if the COVID-19 vaccine is excreted in human milk, but is not likely. A risk to the newborns/infants cannot be excluded.

- I have a weak immune system from an illness or therapy, or an autoimmune condition.** It is not known if immunocompromised persons will get full protection from the vaccine, or if it is safe, as it has not been studied in persons with these conditions.

By completing this form, I am confirming that I had a conversation with my health care provider on _____ (day/ month/ year) about the risks and benefits of receiving the COVID-19 vaccine, given my current condition.

Signature: _____ Date: _____ (day/ month/ year)

Bring the completed form to the WDG Public Health COVID-19 vaccination clinic.



1-800-265-7293
wdgpublichealth.ca

Guidance for Health Care Providers – to provide informed consent to immunocompromised persons for COVID-19 vaccination

The safety and efficacy of COVID-19 vaccine in immunocompromised persons have not yet been established because the vaccine has not been studied in these groups. Persons who are immunocompromised may not mount an adequate immune response. In some immunocompromised clients, a less than optimal response to a vaccine may provide some benefit as they may be at higher risk of morbidity and mortality from COVID-19. For clients with severe immunodeficiency, administration of inactivated vaccines is often not harmful, but may not provide full protection. For more information, refer to *COVID-19 Vaccination Recommendations for Special Populations*, available from:

http://www.health.gov.on.ca/en/pro/programs/publichealth/coronavirus/covid19_vaccine.aspx

Conditions that are considered immunosuppressed – require informed consent of risks and benefits by health care provider before receiving the COVID-19 vaccine.

Long-term immunosuppressive therapy is used for various conditions including:

- cancer (including chemotherapy, radiation, cytotoxic drugs)
- post-transplant recipients; GVHD following HSCT
- inflammatory conditions such as inflammatory bowel disease, arthritis, psoriasis, and systemic lupus erythematosus (including calcineurin inhibitors, long term high-dose steroid treatment prednisone equivalent of ≥ 2 mg/kg/day or 20 mg/day if weight > 10 kg, for ≥ 14 days)
- autoimmune conditions, using biological response modifiers and antibodies that target lymphocytes

Immunocompetent & eligible for vaccination

In general, if a patient is 3 months post-chemotherapy and the cancer is in remission, or if immunosuppression has been discontinued for at least 3 months (6 months or more for anti-B cell antibodies), the person is no longer considered immunocompromised.

People living with HIV are considered immunocompetent and may be vaccinated with the COVID-19 vaccine. Persons with stable hepatitis B or C may also be vaccinated.

Clients on blood thinners can also be vaccinated using a small gage needle and applying pressure post-vaccination. There is no specific need to measure a blood thinning level (INR test) prior to vaccination.