

**Vital Health Pharmacy**  
 1825 Fort Street, Victoria, BC V8R 1J6  
**Fax: 778-433-7071**  
**Phone: 778-433-6060**

**Patient Label**

**Vaccination Referral**

Today's date \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Patient allergies:  
 \_\_\_\_\_

Current Medication(s):  
 \_\_\_\_\_  
 \_\_\_\_\_

Patient Status / Vaccination History:

- Due for vaccination update per BCCDC guidelines, no change in medications planned
- Will be starting a biologic medication \_\_\_\_\_ (drug) on \_\_\_\_\_ (date) and requires update to vaccinations per BCCDC guidelines
- Titre results included in the referral
- Previous vaccination unknown
- Previous vaccination history known & other instructions :  
 \_\_\_\_\_  
 \_\_\_\_\_

Recommended vaccines:

- Influenza (Public Health).....
- Measles, Mumps, Rubella (MMR, Public Health).....
- Tetanus, Diphtheria (Td, Public Health) .....
- Tetanus, Diphtheria, Pertussis (Tdap, Public Health) .....
- Pneumococcal Polysaccharide (Pneumovax 23, Public) .....
- Pneumococcal Conjugate (Prevnar 13, Private) .....
- Shingles (Shingrix 2 doses, 2 months apart) .....
- Hib (H. influenzae type B, Public) .....
- \_\_\_\_\_
- \_\_\_\_\_

Given by	Date

\_\_\_\_\_  
 Health Professional Name, Credentials (Please print)

\_\_\_\_\_  
 Health Professional Signature

**RETURN FAX NUMBER FOR PROOF OF VACCINATION:** \_\_\_\_\_

**SEND BY FAX TO VITAL HEALTH PHARMACY AT 778-433-7071**