

**Vital Health Pharmacy #2**

560 West Ave, Kelowna, BC, V1Y 4Z4

Phone: 778-738-3195

Fax: 778-738-3196

**Vaccination Referral**

Patient Label

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 778-738-3196**