Vital Health Pharmacy #3
1990 Fort Street, Victoria, BC V8R 6V4
Fax: 778-247-2309
Phone: 778-400-7900

Vaccination Referral

Patient Label
(Name)_____
(PHN)_____
(DOB)_____
(Phone)_____
(Address)_____
_____
_____

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:

	Given by	Date
☐ Influenza (Public Health)……		
☐ Covid-19 (Public Health) ……		
☐ Measles, Mumps, Rubella (MMR, Public Health)……		
☐ Tetanus, Diphtheria (Td, Public Health) ……		
☐ Tetanus, Diphtheria, Pertussis (Tdap, Public Health) ……		
☐ Hib (H. influenzae type B, Public) ……		
☐ Pneumococcal Conjugate (Prevnar 20, Public) ……		
☐ Shingles (Shingrix 2 doses, 2 months apart) ……		
☐ _____		
☐ _____		
☐ _____		

_____ _____

Health Professional Name, Credentials (Please print) Health Professional Signature

RETURN FAX NUMBER FOR PROOF OF VACCINATION:_____

SEND BY FAX TO VITAL HEALTH PHARMACY #3 : 778-247-2309