



Planning for your COVID-19 vaccine

This form is to be used for an individual who meets the Provincial criteria for Clinically Extremely Vulnerable under the Immunize BC COVID-19 Vaccine program. The patient must bring this form to vaccine clinic to confirm their eligibility and receive their vaccination.

Form with fields: Patient Last Name, Patient First Name, Patient Middle Name(s) (Optional), Personal Health Number (PHN), Date of Birth (MM / DD / YYYY)

The patient named above meets the criteria for clinically extremely vulnerable based on their condition, the health services they access, or medications and treatments they are prescribed. Please review the SPECIFIC DEFINITIONS that accompany this list online if questions and check all that apply to your patient:

- Checkboxes for various medical conditions: Solid organ transplant, Bone marrow or stem cell transplant or CAR-T cell therapy, Having or have had systemic anti-cancertherapy, Having or have had radiation, Blood or bone marrow cancer, Cystic Fibrosis, Hospitalized for asthma, Hospitalized for COPD, Homozygous sickle cell disease, Highest risk thalassemia, Atypical Hemolytic Uremic Syndrome, Paroxysmal Nocturnal Hemoglobinuria, Metabolically unstable inborn errors of metabolism, Combined immune deficiencies affecting T-cells, Immune dysregulation, Type 1 interferon defects, Splenectomized or functional asplenia, Diabetic taking insulin, Very significant developmental disability, Dialysis, Glomerulonephritis receiving steroids, Chronic Kidney Disease stage 5, Pregnant person with significant heart disease, Neuromuscular/muscle condition, People on immunosuppression therapies.

Form with fields: Physician/Nurse Practitioner Last Name, Physician/Nurse Practitioner First Name and Middle Initial, Physician/Nurse Practitioner Signature, MSP Number, Date (MM / DD / YYYY)

Patient must not be charged for completion of this form.

Your personal information is being collected under sections 26 (c), (e) of the Freedom of Information and Protection of Privacy Act, for the purposes of registering and scheduling your COVID-19 vaccination. Personal information may be shared with personnel providing support services and follow-up. For a privacy-related matter only, please contact a privacy officer at 1-855-229-9800.