



## COVID-19 Vaccine Consent Form For those who are Immunocompromised

In addition to the generic COVID-19 vaccination form you have completed, those individuals who are **immune compromised due to a medical condition or treatment** must also complete this consent.

Immune compromised individuals are at high risk for severe COVID-19 and should be considered a priority group for intervention that will reduce their risk of this disease. The COVID-19 vaccine is an mRNA vaccine meaning it is not a live vaccine and can be administered to immunocompromised individuals. However, it is not yet known how immunocompromised individuals will tolerate or respond to the COVID-19 vaccines, as there are no data yet available in these groups. Immunocompromised persons, including individuals receiving immunosuppressant therapy, may have a diminished immune response to the vaccine. The National Advisory Committee on Immunization (NACI) currently recommends that *“COVID-19 vaccine not be routinely offered to individuals who are immunosuppressed due to disease or treatment until further evidence is available”* However, they further state that these vaccines *“may be offered... in this population if a risk assessment deems that the benefits outweigh the potential risks for the individual”*.

We are requiring all those who are immune comprised due to disease or treatment, who are eligible for the COVID-19, to review the Ministry factsheet entitled *“COVID-19 Vaccination Recommendations for Special Populations,”* and recommend those who are immune compromised to consult with their primary care physician and/specialist for a personalized risk assessment.

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I have read (or it has been read to me) and understand the Fact sheet entitled *“COVID-19 Vaccination Recommendations for Special Populations,”* have had the opportunity to ask questions and to have them answered to my satisfaction, have consulted with a physician, and am consenting to COVID-19 vaccination.

Name: \_\_\_\_\_ (please print)

Date of Birth: \_\_\_\_\_

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

*\* This consent form should be stapled to the COVID-19 duplicate receipt for OH when completed*