CardioSmart
AMERICAN COLLEGE of CARDIOLOGY

Vaccination Referral Form for Adults With Heart Disease

Patient name: _____ Patient age: _____

You have several conditions that make getting vaccinated extra important for you to prevent serious illness including:

1. _____
2. _____
3. _____

Recommended vaccines

- ☐ Influenza every year: ____standard OR ____stronger vaccine for adults ages 65+ (high-dose, adjuvanted, recombinant)
- ☐ COVID-19 every year to protect against the latest strain
- ☐ Pneumococcal (PCV20 or PCV21 preferred; alternate vaccines require two vaccinations)
- ☐ Respiratory syncytial virus (RSV) single dose for adults ages 50+ with heart disease or other high-risk conditions
- ☐ Tetanus, diphtheria, pertussis every 10 years
- ☐ Herpes Zoster (shingles) two-dose series for adults ages 50+
- ☐ Hepatitis B
- ☐ Other vaccines discussed or needed:

Important details

For example, note any allergies or previous issues with vaccines, reminders of subsequent doses needed for vaccine series, etc.

Please report vaccine administration to the state Immunization Information System and/or in the patient's record.

Referring provider's name and contact information:

Signature: _____ Date: _____

Printed name: _____

Practice phone number: _____