

# 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 \_\_\_\_\_ high dose)
- [COVID-19](#) to protect against the latest strain
- [Pneumococcal](#) (PPSV23, PCV15, PCV20)
- [Respiratory syncytial virus](#) (RSV) single dose for adults aged 60+
- Tetanus, diphtheria, pertussis every 10 years
- Herpes [Zoster](#) (shingles) two-dose series
- [Hepatitis B](#)
- Other vaccines discussed or needed:



Vaccines are an important part of managing heart disease, just like adopting a healthy lifestyle and taking needed medicines.

## 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: \_\_\_\_\_