

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/ ____higher dose/ ____adjuvanted)
- COVID 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: _____