MINISTRY OF HEALTH (MOH) – REFERRAL FORM FOR IN-SITU PAEDIATRIC VACCINATION (COVID-19)

PART 1: REFERRAL TO PAEDIATRIC VACCINATION CLINIC AT KK WOMEN'S AND CHILDREN'S HOSPITAL (KKH) DOCTOR TO COMPLETE	
PATIENT INFORMATION (TO AFFIX PATIENT STICKER IF AVAILABLE)	
Full Name (as per BC/NRIC/FIN)	
BC/NRIC/FIN No.	Nationality:
Date of Birth (DOB) & Gender	DOB: [in DD-MM-YYYY] □ Male □ Female
Residential/Mailing Address	
Name of Parent/Legal Guardian	
Parent's/Legal Guardian's Handphone No.	
ALLERGY INFORMATION	
ALLERGY/ANAPHYLAXIS TO VACCINES, OR DRUGS	□ No □ Yes If yes, please specify: __________________ *Note: Vaccine or Drug allergy is not a contraindication to receiving the Pfizer mRNA vaccine. Referral is not required for this, and patient can be vaccinated in the community VC.*
ALLERGY TO POLYETHYLENE GLYCOL (PEG)	□ No □ Yes *Note: PEG allergy is a contraindication for the Pfizer mRNA vaccine. Do not vaccinate. Referral is not required.*
REASONS FOR REFERRAL TO HOSPITAL FOR VACCINATION	
Persistent fluid overload or pulmonary hypertension, and/or NYHA class 3 or 4 symptoms	□ No □ Yes Medications (if any):
Severe, symptomatic stenotic valvular heart disease (with angina, faints, shortness of breath)	□ No □ Yes Medications (if any):
Hypertrophic cardiomyopathy with outflow tract obstruction	□ No □ Yes Medications (if any):
Advanced neuromuscular conditions with chronic respiratory failure, especially those on prolonged BiPAP support	□ No □ Yes Medications (if any):
Chronic lung disease with need for respiratory support (i.e. on supplemental oxygen or requiring suctioning)	□ No □ Yes Medications (if any):
Other non-medical reasons *(these will be subject to review by the hospital vaccination team and assessed on a case-by-case basis)*	Please specify clearly:
Need for respiratory support (e.g. BIPAP, CPAP, tracheostomy etc) □ No □ Yes If Yes, please specify: _______________ **Conditions requiring isolation or infection control measures:** □ No □ Yes If Yes, please specify: _______________ (e.g. MRSA, VRE, CRE colonized etc)	

Additional Information Regarding the Patient's Condition:

Referred by: ______________________________ ______________________________

Name & MCR No. (stamp), Signature & Date | Clinic/Hospital/Vaccination Centre & Contact No.

INSTRUCTIONS TO PARENT/ LEGAL GUARDIAN

• Your child/ ward has been referred for mRNA COVID-19 vaccination in the hospital. This service is free and the hospital will contact you with more details.

• An SMS notification for confirmation of your child's/ ward's appointment with the vaccination clinic should be sent to you by KKH within three to five (3 to 5) working days from the date of successful referral. If you have not received the SMS notification, please contact the Vaccination Site to enquire.

• Upon receiving the confirmation of your child's/ ward's appointment, should you have any further queries related to the status of your child's/ ward's referral for vaccination, please contact KKH.

• Your child/ ward will receive the first dose of the mRNA COVID-19 vaccination on the scheduled appointment date and a date for the second dose of the vaccine will be scheduled after the first dose has been completed.

Details of the Paediatric Vaccination Clinic:

KK Women's and Children's Hospital (KKH)	Things to Note for Your child's/ward's SOC Visit
KKH Paediatric Vaccination Centre **Clinic M (Children's Tower, Level 1)** **Contact number: 6394 5821/63945026** **Opening hours: Every Thursday Only** **11am to 12.30pm, 2 to 5pm** *(weekdays excluding public holidays)*	Please arrive 10-20 mins before your child/ward's appointment time and bring along the following items: • BC/NRIC/FIN/ID or Passport of your child/ward • Completed Referral Form – *this document* • [If any] Medical records / document related to your child/ward's medical condition

NOTES FOR REFERRING DOCTORS

• Patients deemed unsuitable for vaccination in the community setting should be deferred before a referral is made for in-situ vaccination in a hospital setting

• You may refer to the "**Operations Instruction to Vaccination Providers for the Conduct of COVID-19 Moderna Vaccination For Children Aged 6 Months To 4 Years, Section: Clinical Guidance, Administration of Vaccine to Children Aged 6 Months to 4 Years**" for more details