COUNTY OF LOS ANGELES
Public Health

BARBARA FERRER, Ph.D., M.P.H., M.Ed.
Director

MUNTU DAVIS, M.D., M.P.H.
County Health Officer

MEGAN McCLAIRE, M.S.P.H.
Chief Deputy Director

JEFFREY D. GUNZENHAUSER, M.D., M.P.H.
Director, Disease Control Bureau

SHARON BALTER, M.D.
Director, Communicable Disease Control & Prevention

313 North Figueroa Street, Suite 212
Los Angeles, California 90012
TEL (213) 240-7941 • FAX (213) 482-4856

www.publichealth.lacounty.gov

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Referral letter for second dose of COVID-19 vaccine

Patient name: [Last name, First name]

Date of Birth:

Facility where first COVID-19 vaccine dose was administered:

Facility contact information:

Date of discharge from facility:

Date of first COVID-19 vaccine dose:

Type of vaccine administered (check one): ◯ Moderna ◯ Pfizer

Date for second COVID-19 vaccine dose:

The above named person received the first dose of COVID-19 vaccine while residing at the referenced facility. This person has been discharged from the facility and is being referred to to receive the second dose. Please contact the facility point of contact for any questions.
To schedule an appointment, call Public Health (833) 540-0473. We are available to assist you 7 days a week 8:00 am to 8:30 pm. For additional information, visit www.VaccinateLACounty.com

Name of contact person at referring facility:

Signature for contact person at referring facility: