

## COVID-19 Vaccine Attestation for Additional Dose

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Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

This attestation form is to verify your eligibility to receive an additional dose of COVID-19 vaccine.

Which COVID-19 vaccine did you receive previously?

- Pfizer-BioNTech COVID-19 Vaccine
- Moderna COVID-19 Vaccine

Date of first dose: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Date of second dose: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Additional doses are recommended at least 28 days after the date of the second dose.

Currently, CDC is recommending that moderately to severely immunocompromised people receive an additional dose. This includes people who have:

- Been receiving active cancer treatment for tumors or cancers of the blood
- Received an organ transplant and are taking medicine to suppress the immune system
- Received a stem cell transplant within the last 2 years or are taking medicine to suppress the immune system
- Moderate or severe primary immunodeficiency (such as DiGeorge syndrome, Wiskott- Aldrich syndrome)
- Advanced or untreated HIV infection
- Active treatment with high-dose corticosteroids or other drug that may suppress your immune response

I attest that I meet one or more of the criteria listed above.

Signature of patient, parent or legal guardian: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Date: \_\_\_\_\_