

COVID-19 Vaccine Attestation for Booster Dose

Name: _____

Date of Birth: _____

This attestation form is to verify your eligibility to receive a BOOSTER dose of the Pfizer COVID-19 vaccine.

Date of first dose ____ / ____ / ____

Date of second dose ____ / ____ / ____

**Booster doses are recommended at least 6 months after the date of the second dose.

Currently, CDC is recommending the populations of people who should receive the Pfizer booster dose include:

- People 65 years and older and residents in long-term care settings.
- People aged 50 to 64 with certain underlying medical conditions.
- People 18 to 49 who are at high risk for severe COVID-19 due to certain underlying medical conditions.
- People aged 18 to 64 who are at increased risk for COVID-19 exposure and transmission because of occupational or institutional settings.

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

Signature of patient, parent or legal guardian: _____

Printed Name: _____

Relationship: _____

Date: _____