

Pfizer or Moderna COVID-19 Vaccine Booster Dose Self-Attestation of Eligibility

I _____
(print name)

Attest that I am eligible for a booster dose of a Pfizer or Moderna mRNA COVID-19 vaccine based on the criteria below.

- I received a second dose of Pfizer or Moderna COVID-19 vaccine at least 6 months ago, AND
 - I am age 65 years or older, OR
 - I live in a long-term care setting, OR
 - I am age 18-64 and am at increased risk for COVID-19 exposure and transmission because of my work or institutional setting, OR
 - I am age 18-64 and I have one of the following underlying medical conditions:
 - Cancer
 - Chronic kidney disease
 - Chronic lung disease, including COPD (chronic obstructive pulmonary disease), asthma (moderate-to-severe), interstitial lung disease, cystic fibrosis, and pulmonary hypertension
 - Dementia or other neurological conditions
 - Diabetes (type 1 or type 2)
 - Down syndrome
 - Heart conditions (such as heart failure, coronary artery disease, cardiomyopathies or hypertension)
 - HIV infection
 - Immunocompromised state (weakened immune system)
 - Liver disease
 - Overweight or obesity (body mass index (BMI) over 25 kg/m²)
 - Pregnant and recently pregnant (for at least 42 days following end of pregnancy)
 - Sickle cell disease or thalassemia
 - Smoker, current or former
 - Solid organ or blood stem cell transplant
 - Stroke or cerebrovascular disease, which affects blood flow to the brain
 - Substance use disorder

I furthermore attest that I have previously received a two-dose series of Pfizer or Moderna mRNA COVID-19 vaccine.

Signature: _____ **Date:** _____