Booster Dose Attestation

**If you received two-doses of Pfizer or Moderna:**

□ I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ attest to my need for boost dose of COVID-19 vaccine based on being in one of the following groups and I received my two-dose series of Pfizer or Moderna COVID-19 vaccine greater than six months ago:

• 65 years and older

• Age 18+ who live in long-term care settings

• Age 18+ who have underlying medical conditions\*

• Age 18+ who work or live in high-risk settings\*\*

Printed Name of Patient: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Patient DOB: \_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Date

**OR**

**If you received one dose of Johnson and Johnson:**

□ I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ attest to my need for boost dose of COVID-19 vaccine based on having been vaccinated with the Johnson and Johnson COVID-19 vaccine greater than two months ago.

Printed Name of Patient: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Patient DOB: \_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Date

\* Underlying Medical Conditions Include:

• Cancer • HIV infection

• Chronic lung diseases, including COPD • Immunocompromised state (weakened immune system)

 (chronic obstructive pulmonary disease), • Liver disease

 asthma (moderate-to-severe), interstitial • Overweight and obesity

 lung disease, cystic fibrosis, and pulmonary • Pregnancy

 hypertension • Sickle cell disease or thalassemia

• Chronic kidney disease • Substance use disorders

• Dementia or other neurological conditions • Smoking, current or former

• Diabetes (type 1 or type 2) • Solid organ or blood stem cell transplant

• Down syndrome • Stroke or cerebrovascular disease, which affects blood flow

• Heart conditions (such as heart failure, to the brain

 coronary artery disease, cardiomyopathies

 or hypertension)

\*\* Examples of workers or residents who may get booster shots (*List could be updated in the future)*

• First responders (e.g., healthcare workers, • U.S. Postal Service workers

 firefighters, police, congregate care staff) • Public transit workers

• Education staff (e.g., teachers, support • Grocery store workers

 staff, daycare workers) • Congregant Care Residents

• Food and agriculture workers • Corrections workers

• Manufacturing workers • Correctional facility residents