

CERTIFICATION OF ELIGIBILITY FOR THIRD DOSE OF COVID-19 VACCINE

I understand that vaccine supply is currently limited and, therefore, subject to strict prioritization in accordance with Centers for Disease Control and New York State Department of Health directives.

With that understanding, and with the understanding that I will have to supply proof of my eligibility, I hereby certify under penalty of law that I belong to one of the below priority groups eligible for vaccination.

I have one of the following comorbidities or underlying conditions, as documented or diagnosed by my health care provider.

INSTRUCTIONS: Circle the conditions(s) that best describe your eligibility.
Sign and date below, and bring this document with you to your appointment.

- Active treatment for solid tumor and hematologic malignancies
- Receipt of solid-organ transplant and taking immunosuppressive therapy
- Receipt of CAR-T-cell or hematopoietic stem cell transplant (within 2 years of transplantation or taking immunosuppression therapy)
- Moderate or severe primary immunodeficiency
- Advanced or untreated HIV infection
- Active treatment with high-dose corticosteroids (e.g. > 20 mg prednisone or equivalent per day), alkylating agents, antimetabolites, transplant-associated immunosuppressive drugs, cancer chemotherapeutic agents classified as severely immunosuppressive, tumor-necrosis (TNF) blockers, and other biologic agents that are immunosuppressive or immunomodulatory.

I have read the list of third-dose eligibility criteria above.
I certify under penalty of law that I am immunocompromised to the extent indicated above and am eligible to receive a third dose of a COVID-19 vaccine.

Signature

Date

Printed Name