

Additional mRNA COVID-19 Vaccine Dose Attestation

I _____, Date of Birth _____
(print name)

Attest to my need for an additional dose of an mRNA COVID-19 vaccine based on the following criteria:

- Being 65 years or older. (Pfizer only; at least 6 months after dose #2)
- Being at least 18 years old and working in an environment with a high risk of COVID-19 transmission. (Pfizer only; at least 6 months after dose #2)
- Being at least 18 years old and having an underlying condition that puts me at an increased risk if infected with COVID-19. (Pfizer only; at least 6 months after dose #2)
- Being considered moderately or severely immunosuppressed based on one or more of the following conditions, treatments or diagnosis. (Pfizer or Moderna; at least 28 days after dose #2)
 - Immune compromised due to undergone solid organ transplantation and taking immune suppressing medications
 - Immune compromised due to active treatment for solid tumor and hematologic malignancies
 - Immune compromised due to receipt of CAR-T cell or hematopoietic stem cell transplant (within 2 years of transplantation or taking immunosuppression therapy)
 - Moderate to severe primary immunodeficiency (eg., DiGeorge, WiskottAldrich Syndromes)
 - Immune compromised due to Advanced or untreated HIV infection
 - Immune compromised due to “Active treatment with high-dose corticosteroids or other drugs that may suppress immune response: high-dose corticosteroids (ie., ≥ 20 mg prednisone or equivalent per day), alkylating agents, antimetabolites, transplant-related immunosuppressive drugs, cancer chemotherapeutic agents classified as severely immunosuppressive, tumornecrosis (TNF) blocker or other biologic agents that are immunosuppressive or immunomodulatory “

“I furthermore attest that I have previously received a two-dose series of an mRNA COVID-19 vaccine (PfizerBioNTech or Moderna).

Signature

Date

*** Send to HIM for scanning into the electronic medical record.