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HEALTH DEPARTMENTS

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Brenden A. Bedard, MPH
Deputy Director

COVID-19 Vaccine – Third Dose Attestation

Name: _____ Today's Date: _____

Date of Birth: _____

Part A

☐ I attest that my second dose of Pfizer or Moderna vaccine was at least 28 days ago. Date of last Pfizer or Moderna vaccine: _____

☐ I confirm that I have spoken to my physician about the risks, benefits and timing of this third COVID19 vaccine dose.

Part B

Choose one of the following:

☐ I attest that I am moderately or severely immune compromised due to a medical condition or receipt of immunosuppressive medications or treatments. These conditions & treatments include but are not limited to:

- 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 (e.g., DiGeorge syndrome, Wiskott-Aldrich syndrome)
- Advanced or untreated HIV infection
- Active treatment with high-dose corticosteroids (i.e., ≥20mg prednisone or equivalent per day), alkylating agents, antimetabolites, transplant-related immunosuppressive drugs, cancer chemotherapeutic agents classified as severely immunosuppressive, tumor-necrosis (TNF) blockers, and other biologic agents that are immunosuppressive or immunomodulatory;

OR

☐ I attest that I have another medical reason not on the list above that would allow me to qualify for a third dose of COVID-19 vaccine and/or I am currently receiving immunosuppressive medication or treatment which is not specifically listed above. I have been recommended by my physician to receive this 3rd dose of vaccine.

YOUR SIGNATURE or Legal Guardian Signature (must be legal guardian if under 18):

X _____

(Note: Per the New York State Department of Health, the Emergency Use Authorization amendment for additional doses is not intended for persons with chronic conditions such as diabetes or heart disease, for which there might be mild associated immunosuppression, nor for residents of long-term care facilities who do not otherwise meet the moderate to severe immunocompromised criteria.)