



# Eligibility Attestation Form

## Additional Dose COVID-19 Vaccine

Pfizer-BioNTech & Moderna COVID-19 Vaccine ONLY

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Date: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

I hereby confirm that I (or my child/patient for whom I am a legal guardian) meets the current vaccine age restrictions (12 or older for Pfizer-BioNTech; 18 or older for Moderna) along with the requirements below for an additional COVID-19 vaccine dose (check all that apply):

1. I have received 2 doses of the Pfizer or Moderna COVID-19 vaccine.

Yes

2. It has been at least 28 days since my 2<sup>nd</sup> dose was administered.

Yes

3. I am moderately to severely immunocompromised due to one of the following reasons:

**Solid organ transplant.**

**Diagnosed with a condition or currently receiving medication therapy that is considered**

**to have an equivalent level of immunocompromise. Examples include:**

- Active or recent treatment of 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 transplantation or taking immunosuppression therapy).
- Moderate or severe primary Immunodeficiency {e.g. DiGeorge, Wiskott-Aldrich syndromes}.
- Advanced or untreated HIV infection.
- Active treatment with high-dose corticosteroids (i.e. -  $\geq 20$ mg 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.

Signature: \_\_\_\_\_