

Pfizer or Moderna Booster Dose Attestation

I _____ attest to my need for boost dose of COVID-19 vaccine based 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**

Signature

Date

* Underlying Medical Conditions Include:

- Cancer
- Chronic kidney disease
- Chronic lung diseases, including COPD (chronic obstructive pulmonary disease), asthma (moderate-to-severe), interstitial lung disease, cystic fibrosis, and pulmonary hypertension
- Dementia or other neurological conditions
- Diabetes (type 1 or type 2)
- Down syndrome
- Heart conditions (such as heart failure, coronary artery disease, cardiomyopathies or hypertension)
- HIV infection
- Immunocompromised state (weakened immune system)
- Liver disease
- Overweight and obesity
- Pregnancy
- Sickle cell disease or thalassemia
- Smoking, current or former
- Solid organ or blood stem cell transplant
- Stroke or cerebrovascular disease, which affects blood flow to the brain
- Substance use disorders

** **Examples of workers or residents who may get booster^[1] shots**

- First responders (e.g., healthcare workers, firefighters, police, congregate care staff)
- Education staff (e.g., teachers, support staff, daycare workers)
- Food and agriculture workers
- Manufacturing workers
- Corrections workers
- U.S. Postal Service workers
- Public transit workers
- Grocery store workers
- Congregant Care Residents
- Correctional facility residents

¹List could be updated in the future