

Self-Attestation Statement for COVID-19 Vaccine Recipient

Please indicate your eligibility to receive an additional dose of COVID-19 vaccine:

- I am an individual whose immune system is moderately or severely compromised due to a medical condition or the effects of a medication or treatment, as identified by the Centers for Disease Control and Prevention (CDC).* I request a third dose of an mRNA COVID-19 vaccine.

[*https://www.cdc.gov/vaccines/covid-19/clinical-considerations/covid-19-vaccines-us.html#considerations-additional-vaccine-dose](https://www.cdc.gov/vaccines/covid-19/clinical-considerations/covid-19-vaccines-us.html#considerations-additional-vaccine-dose)

Date of second COVID-19 mRNA dose: _____

Note: Third dose should be administered at least 28 days after second dose.

Vaccine product received: _____

Print name: _____

Signature: _____

Date: _____

