

Certification of Eligibility for COVID-19 Vaccine Due to Medical Condition

Individuals ages 16 and older with the following conditions are eligible for the COVID-19 vaccine, as documented or diagnosed by their health care provider:

- Cancer (current or in remission, including 9/11-related cancers)
- Chronic kidney disease
- Pulmonary disease, including but not limited to, COPD (chronic obstructive pulmonary disease), asthma (moderate-to-severe), pulmonary fibrosis, cystic fibrosis and 9/11-related pulmonary diseases
- Intellectual and developmental disabilities including Down syndrome
- Heart conditions, including but not limited to heart failure, coronary artery disease, cardiomyopathies or hypertension (high blood pressure)
- Immunocompromised state (weakened immune system) including but not limited to solid organ transplant or from blood or bone marrow transplant, immune deficiencies, HIV, use of corticosteroids, use of other immune weakening medicines or other causes
- Severe obesity (body mass index of 40 kg/m² or higher) or obesity (body mass index between 30 kg/m² and 40 kg/m²)
- Pregnancy
- Sick cell disease or thalassemia
- Type 1 or 2 diabetes mellitus
- Cerebrovascular disease (affects blood vessels and blood supply to the brain)
- Neurologic conditions including but not limited to Alzheimer's disease or dementia
- Liver disease

I hereby certify that I have one or more of the medical conditions listed above as documented or diagnosed by my health care provider and that, to the best of my knowledge, the information upon which this certification is based is true and accurate, under penalty of law.

_____	_____	_____
Print name	Signature	Date

If vaccine recipient is 16 to 17 years old or otherwise unable to certify:

_____	_____	_____
Print name of Guardian	Signature of Guardian	Date