



COVID-19 VACCINATION: Self-Attestation

SELF-ATTESTATION FOR UNDERLYING MEDICAL CONDITIONS AND DISABILITY

Effective March 15, 2021, the County of San Bernardino, in collaboration with the California Department of Public Health has opened vaccination eligibility to include individuals ages 16-64 that are deemed at the very highest risk for morbidity and mortality from COVID-19 as a direct result of one or more of the following severe health conditions:

- Cancer
- Chronic kidney disease
- Chronic pulmonary disease
- Down syndrome
- Immunocompromised state (weakened immune system) from solid organ transplant
- Pregnancy
- Sickle cell disease
- Heart condition, such as heart failure, coronary artery disease, or cardiomyopathies (excluding hypertension)
- Severe obesity (Body Mass Index \geq 40 kg/m²)
- Type 2 diabetes mellitus with hemoglobin A1c level greater than 7.5%

or

If as a result of a developmental or other severe high-risk disability one or more of the following applies:

- The individual is likely to develop severe life-threatening illness or death from COVID-19 infection
- Acquiring COVID-19 will limit the individual’s ability to receive ongoing care or services vital to their well-being and survival
- Providing adequate and timely COVID-19 care will be particularly challenging as a result of the individual’s disability.

By signing this document, I attest that I have one or more of the conditions listed above.

Name: _____ Guardian: _____

Signature: _____ Signature: _____

Date: _____