



INDIVIDUALS WHO HAVE A MODERATELY TO SEVERELY WEAKENED IMMUNE SYSTEM AND HAVE ALREADY RECEIVED 2 DOSES OF PFIZER OR MODERNA VACCINE

If you meet the [criteria](#) outlined by the CDC, it is recommended that you get an additional dose of an mRNA (Pfizer or Moderna) vaccine at least 28 days after your 2nd dose of vaccine. When possible, you should receive the same vaccine. For example, if you got a series of Pfizer vaccine, try to get a Pfizer vaccine for your additional dose.

Talk to your doctor about the need to get an additional dose of COVID-19 vaccine. If you need an additional dose, ask about the best timing based on your current treatment plan. This is especially important if you are about to start or restart immunosuppressive treatment.

SELF-ATTESTATION OF AN WEAKENED IMMUNE SYSTEM	
<input type="checkbox"/>	<i>I attest that I am immunocompromised and am eligible for a third dose of a COVID-19 vaccine based on the criteria outlined below.</i>

- I received a second dose of Moderna or Pfizer vaccine at least 28 days ago, AND
- I have:
 - ✓ Been receiving active cancer center treatment for tumors or cancers of the blood, OR
 - ✓ Been receiving active treatment with high-dose corticosteroids or other drugs that may suppress your immune response
 - ✓ Received an organ transplant or I am taking medicine to suppress my immune system, OR
 - ✓ Received a stem cell transplant within the last two years or I am taking medicine to suppress the immune system, OR
 - ✓ Moderate or severe primary immunodeficiency (e.g. DiGeorge syndrome, Wiskott-Aldrich syndrome), OR
 - ✓ Advanced or untreated HIV infection.

Name: _____ Parent/Legal Guardian: _____

Signature: _____ Signature: _____

Date: _____

For more information, see the [Moderna](#) or [Pfizer](#) Fact Sheets for Recipients and Caregivers and the CDC webpage COVID-19 Vaccines for [Moderately to Severely Immunocompromised People](#).

NOTE: Individuals eligible for a booster of Pfizer should complete page 2.

**INDIVIDUALS WHO ARE ELIGIBLE FOR A BOOSTER DOSE OF
PFIZER VACCINE**

SELF-ATTESTATION OF BOOSTER ELIGIBILITY	
<input type="checkbox"/>	<i>I attest that I am eligible for a booster dose of a COVID-19 vaccine based on the criteria outlined below.</i>

- I received a second dose of Pfizer vaccine at least 6 months ago, AND
- I am aged 65 years or older, OR
- I am aged 18 years or older and live in a long-term care setting, OR
- I am aged 18-64 years and have an increased risk for COVID-19 exposure and transmission because of my [work or institutional setting](#), OR
- I am aged 18-64 years and I have one or more of the following underlying medical conditions:
 - ✓ Cancer
 - ✓ Chronic kidney disease
 - ✓ Chronic lung disease, including COPD (chronic obstructive pulmonary disease), asthma (moderate-to-severe), interstitial lung disease, cystic fibrosis, or pulmonary hypertension
 - ✓ Dementia or other neurological conditions
 - ✓ Diabetes (Type 1 or Type 2)
 - ✓ Down syndrome
 - ✓ Heart conditions (e.g. heart failure, coronary artery disease, cardiomyopathies or hypertension)
 - ✓ HIV infection
 - ✓ Immunocompromised state (weakened immune system)
 - ✓ Liver Disease
 - ✓ Overweight or obesity (body mass index (BMI) over 25 kg/m2)
 - ✓ Pregnant and recently pregnant (for at least 42 days following end of pregnancy)
 - ✓ Sickle cell disease or thalassemia
 - ✓ Smoker, current or former
 - ✓ Solid organ or blood stem cell transplant
 - ✓ Stroke or cerebrovascular disease, which affects blood flow to the brain
 - ✓ Substance use disorder

Name: _____ Parent/Legal Guardian: _____

Signature: _____ Signature: _____

Date: _____

If you have a condition that is not listed or have questions about the risks and benefits of booster doses, talk with your doctor. For more information, see the [Pfizer Fact Sheet](#) for Recipients and Caregivers and the [CDC webpage](#) Vaccines for COVID-19.