



THIRD DOSE SELF-ATTESTATION OF ELIGIBILITY

SELF-ATTESTATION FOR INDIVIDUALS WHO HAVE A MODERATELY TO SEVERELY WEAKENED IMMUNE SYSTEM AND HAVE PREVIOUSLY RECEIVED TWO DOSES OF PFIZER-BIONTECH OR MODERNA OR A SINGLE DOSE OF JOHNSON & JOHNSON JANSSEN COVID-19 VACCINE

If you meet the [criteria](#) outlined by the Centers for Disease Control and Prevention (CDC), you should get a **third primary series dose** of an mRNA (Pfizer-BioNtech or Moderna) COVID- 19 vaccine at least 28 days after your second dose to stay protected against COVID-19. When possible, you should receive the same COVID-19 vaccine. For example, if you received a two-dose primary series of the Pfizer-BioNtech COVID-19 vaccine, try to get a Pfizer-BioNtech COVID-19 vaccine for your third dose. Individuals who have received a single doses of Johnson & Johnson Janssen vaccine should receive a second dose of either authorized mRNA COVID-19 vaccine.

Talk to your doctor about the need to get a third primary series dose of COVID-19 vaccine. 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 primary series dose of a COVID-19 vaccine based on the criteria outlined below.</i>

- I received a second dose of Moderna or Pfizer-BioNtech or a single dose of Johnson & Johnson Janssen COVID-19 vaccine at least 28 days ago, AND
- I have any ONE of the following:
 - ✓ Been receiving active cancer center treatment for tumors or cancers of the blood,
 - ✓ 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
 - ✓ Received a stem cell transplant within the last two years or I am taking medicine to suppress the immune system
 - ✓ Moderate or severe primary immunodeficiency (e.g. DiGeorge syndrome, Wiskott-Aldrich syndrome)
 - ✓ Advanced or untreated HIV infection

Name: _____ Parent/Legal Guardian: _____

Signature: _____ Signature: _____

Date: _____

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