

COVID-19 Vaccine – Additional (Third) Dose Self-Attestation of Eligibility

PEOPLE WHO HAVE A MODERATELY TO SEVERELY WEAKENED IMMUNE SYSTEM
WHO HAVE ALREADY RECEIVED 2 DOSES OF **PFIZER-BIONTECH** OR **MODERNA** VACCINE

If you meet the criteria outlined by the CDC (sample listed below), it is recommended that you get an additional (third) dose of an mRNA vaccine at least 28 days after your second dose of vaccine. When possible, you should receive the same vaccine. In other words, if you received a series with the Pfizer vaccine, you should try to get a Pfizer vaccine for your third dose. If you are unsure which vaccine you received initially, check with your original administration site. Patients should contact their primary care provider with any questions about their eligibility, medical considerations, timing, and to see if an additional (third) dose is appropriate for them.

By checking the box, I attest that I am moderately to severely immunocompromised and eligible for a third dose of vaccine as I received a second dose of Moderna or Pfizer COVID-19 vaccine at least 28 days ago. Patient conditions for qualification include:

- Receiving active cancer treatment for tumors or cancers of the blood
- Received an organ transplant and am taking medicine to suppress my immune system
- Received a stem cell transplant within the last 2 years or am taking medicine to suppress the immune system
- Moderate or severe primary immunodeficiency (such as DiGeorge syndrome, Wiskott-Aldrich syndrome)
- Advanced or untreated HIV infection
- Active treatment with high-dose corticosteroids or other drugs that suppress my immune response

Signature: _____

Name: _____ 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](#).

Disclaimer: Pharmacies are responsible for ensuring they download the most current version of this Self-Attestation and that it conforms to the most up-to-date CDC guidelines. PAAS National does not assume any legal liability or responsibility for the accuracy, completeness, or usefulness, of this self-attestation. The information contained herein was developed from CDC guidance at the time of its creation and is not intended to serve as clinical guidance nor act as a substitute for medical advice.

COVID-19 Vaccine – Booster Dose

Self-Attestation of Eligibility

PEOPLE WHO ARE ELIGIBLE FOR A BOOSTER DOSE OF COVID-19 VACCINE

If you meet the criteria outlined by the CDC (listed below), you are eligible for a booster dose of the COVID-19 vaccine. Patients should contact their primary care provider with any questions about their eligibility, medical considerations, timing, and to see if a booster dose is appropriate for them.

By checking the box, I attest to one of the following:

1. I am eligible for a booster dose of vaccine as I received a single dose of Janssen (Johnson and Johnson) COVID-19 vaccine at least 2 months ago, AND I am 18 years of age or older.

OR

2. I am eligible for a booster dose of vaccine as I received a second dose of Pfizer-BioNTech or Moderna COVID-19 vaccine at least 6 months ago, AND I fit one of the following criteria:

- Age 65 years or older
- Age 18+ and live in a long-term care setting
- Age 18+ who are at increased risk for COVID-19 exposure and transmission because of my work or institutional setting, examples below:
 - First responders (e.g., healthcare workers, firefighters, police, congregate care staff)
 - Education staff (e.g., teachers, support staff, daycare workers)
 - Food and agriculture workers
 - Manufacturing workers
 - Corrections workers
 - U.S. Postal Service workers
 - Public transit workers
 - Grocery store workers
- Age 18-64 and I have one of the following underlying medical conditions:
 - Cancer
 - Chronic kidney disease
 - Chronic liver disease
 - Chronic lung disease
 - Dementia or other neurological conditions
 - Diabetes (type 1 or type 2)
 - Down syndrome
 - Heart conditions (such as heart failure, coronary artery disease, cardiomyopathies or hypertension)
 - HIV infection
 - Immunocompromised state (weakened immune system)
 - Mental health conditions
 - 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
 - Tuberculosis

Signature: _____

Name: _____

Date: _____

For more information, see the [Pfizer](#), [Moderna](#), or [Janssen](#) Fact Sheet for Recipients and Caregivers and [CDC Expands Eligibility for COVID-19 Booster Shots](#) webpage.

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