

Additional mRNA COVID-19 Vaccine Dose Attestation

I _____
(*print name*)

Attest to my need for an additional dose of an mRNA COVID-19 vaccine based on being considered moderately or severely immunosuppressed based on one or more of the following conditions, treatments or diagnosis.

- Immune compromised due to undergone solid organ transplantation and taking immune suppressing medications
- Immune compromised due to active treatment for solid tumor and hematologic malignancies
- Immune compromised due to receipt of CAR-T cell or hematopoietic stem cell transplant (within 2 years of transplantation or taking immunosuppression therapy)
- Moderate to severe primary immunodeficiency (eg., DiGeorge, Wiskott-Aldrich Syndromes)
- Immune compromised due to Advanced or untreated HIV infection
- Immune compromised due to “Active treatment with high-dose corticosteroids or other drugs that may suppress immune response: high-dose corticosteroids (ie., ≥ 20 mg prednisone or equivalent per day), alkylating agents, antimetabolites, transplant-related immunosuppressive drugs, cancer chemotherapeutic agents classified as severely immunosuppressive, tumor-necrosis (TNF) blocker or other biologic agents that are immunosuppressive or immunomodulatory “

“I furthermore attest that I have previously received a two-dose series of an mRNA COVID-19 vaccine (PfizerBioNTech or Moderna).

Signature

Date