

Attestation form: COVID-19 Vaccine Additional Dose Eligibility

Only for moderate to severely immunocompromised patients who have previously received two doses of Moderna or Pfizer's COVID-19 vaccine

You must self-attest that you are eligible for an additional dose following an initial series of Pfizer or Moderna COVID-19 vaccine. This form is **NOT TO BE USED** for patients seeking a COVID-19 booster dose. If you are 18 years of age or older seeking a booster dose please return to pharmacy.

- For patients attesting to additional dose eligibility, **you are not required to identify which specific condition or diagnosis is applicable to you.**
- Eligible patients 12 years of age and older may receive an additional dose of Pfizer COVID-19 vaccine.
- Eligible patients 18 years of age and older may receive an additional dose of the Moderna COVID-19 vaccine.
- Pfizer and Moderna additional doses for immunocompromised patients can be administered 28 days or more after your last dose.

Eligibility criteria for the additional dose	Eligible for the additional dose?
<p>You must meet at least one of the criteria below indicating moderate to severe immunocompromised state to be eligible. If you do, check box at right.</p> <ul style="list-style-type: none">• Acute treatment for solid tumor and hematologic malignancies• Receipt of solid-organ transplant and taking immunosuppressive therapy• Receipt of CAR-T-cell or hematopoietic stem cell transplant (within 2 years of transplantation or taking immunosuppression therapy)• Moderate or severe primary immunodeficiency (e.g., DiGeorge, Wiskott-Aldrich syndromes)• Advanced or untreated HIV infection• Active treatment with high-dose corticosteroids (i.e., ≥ 20mg prednisone or equivalent per day), alkylating agents, antimetabolites, transplant-related immunosuppressive drugs, cancer chemotherapeutic agents classified as severely immunosuppressive, TNF blockers, and other biologic agents that are immunosuppressive or immunomodulatory• Chronic conditions associated with varying degrees of immune deficit, such as asplenia, sickle cell and chronic renal disease• Other diagnosed chronic condition with equivalent moderate to severe level of immunocompromise	<p>YES <input type="checkbox"/></p>

If you do not meet any of the criteria above, you are NOT eligible for an additional dose of a COVID-19 vaccine at this time. However, if you are 18 years of age or older, you may be eligible to receive a COVID-19 booster dose, please consult **with the pharmacist to determine if a COVID-19 booster dose is right for you.**

Name _____

Date of birth _____

Signature _____

Walgreens