

COVID-19 Vaccine Eligibility Confirmation

Use the form below to confirm eligibility for a COVID-19 vaccine

Date: _____

DOB: _____

First Name: _____

Last Name: _____

COVID-19 Vaccine Dose -

I confirm that I (or my child/patient for whom I am a legal guardian) meet the current vaccine age restrictions, along with the requirements below for a COVID-19 vaccine dose.

1. The person to be vaccinated meets the current timing considerations since the last COVID-19 dose was administered.
 Yes
2. The person to be vaccinated is either 65 years and older or 3 years or older with at least one underlying condition that puts them at high risk for severe outcomes from COVID-19.
 Yes

Patient/Legal Guardian Name: _____ Signature: _____

For underlying condition see: <https://www.cdc.gov/covid/hcp/clinical-care/underlying-conditions.html>

