

# 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>

