



COVID-19 Vaccine Eligibility Attestation

For individuals with underlying health conditions

Background & Instructions

According to New York State Dept. of Health, individuals with underlying health conditions are now eligible to receive a COVID-19 vaccine at Dutchess County Dept. of Behavioral & Community Health operated Points of Dispensing (PODs) as part of Phase 1B of the State's phased distribution plan.

Conditions include:

- Cancer (current or in remission, including 9/11-related cancers)
- Chronic kidney disease
- Pulmonary Disease, including but not limited to, COPD, Asthma (moderate-to-severe), pulmonary fibrosis, cystic fibrosis, and 9/11-related pulmonary diseases
- Intellectual and Developmental Disabilities including Down Syndrome
- Heart conditions, including but not limited to heart failure, coronary artery disease, cardiomyopathies, or hypertension
- Immunocompromised state
- Severe Obesity (BMI 40 kg/m²)
- Obesity (body mass index [BMI] of 30 kg/m² or higher but < 40 kg/m²)
- Pregnancy
- Sickle cell disease or Thalassemia
- Type 1 or 2 diabetes mellitus
- Cerebrovascular disease
- Neurologic conditions including but not limited to Alzheimer's Disease or dementia
- Liver disease

PLEASE BRING THIS COMPLETED FORM WITH YOU to your vaccine appointment at a Dutchess County POD as proof of your eligibility.

Patient Info

First Name _____ Last Name _____
 Date of Birth _____

Eligibility Attestation - To be completed by patient's physician or pharmacist

This is to certify the above-named individual has one, or more, of the qualifying conditions and is eligible to receive a COVID-19 vaccine.

Practice or Pharmacy Location _____
 Name _____ NYS License Number _____
 Signature _____ Date _____