

## **Attestation of Comorbidity Eligibility for COVID-19 Vaccination**

I understand that vaccine supply is currently limited and, therefore, subject to strict prioritization in accordance with Centers for Disease Control and New York State Department of Health directives.

With that understanding, I hereby certify under penalty of law that I have at least one of the conditions listed below making me eligible for vaccination:

- Cancer (current or in remission, including 9/11-related cancers);
- Chronic kidney disease;
- Pulmonary Disease, including but not limited to, COPD (chronic obstructive pulmonary disease), 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 (high blood pressure);
- Immunocompromised state (weakened immune system) including but not limited to solid organ transplant or from blood or bone marrow transplant, immune deficiencies, HIV, use of corticosteroids, use of other immune weakening medicines, or other causes;
- Severe Obesity (BMI 40 kg/m<sup>2</sup>), Obesity (body mass index [BMI] of 30 kg/m<sup>2</sup> or higher but < 40 kg/m<sup>2</sup>);
- Pregnancy;
- Sickle cell disease or Thalassemia;
- Type 1 or 2 diabetes mellitus;
- Cerebrovascular disease (affects blood vessels and blood supply to the brain);
- Neurologic conditions, including but not limited to Alzheimer's Disease or dementia; and
- Liver disease.

Name (Print): \_\_\_\_\_

Date: \_\_\_\_\_

Signature: \_\_\_\_\_