



Last Name <i>(Please print)</i>	First Name	MI
WID#	Date of Birth	

Additional mRNA COVID Vaccine Dose Attestation

I _____ attest to my need for an additional dose of an mRNA COVID-19 vaccine based being considered moderately or severely immunosuppressed based on one or more of the following conditions, treatments or diagnosis.

- Active treatment for solid tumor or 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., ≥ 20 mg 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

I furthermore attest that I have previously received a two-dose series an mRNA vaccine (Pfizer or Moderna).

Signature

Date