

COVID-19 3RD DOSE mRNA VACCINE SELF-ATTESTATION FORM



A medical provider certification of these conditions is not necessary, however, CDC and METRO encourages all patients to seek guidance from their medical provider regarding the risks and benefits of receiving a 3rd dose or booster of a COVID-19 vaccine. METRO is requiring a signed self-attestation that you fall under one of the categories to receive a 3rd dose/booster at this time. I certify that I am at least 18 years of age and self-attest that I fall under one of the above categories to receive a 3rd dose (booster) of a mRNA COVID-19 vaccine at this time.

CDC recommends a 3rd Dose of the mRNA (Pfizer and Moderna) for persons who are immunocompromised to include but not limited to:

- Been receiving active cancer treatment for tumors or cancers of the blood
- Received an organ transplant and are taking medicine to suppress the immune system
- Received a stem cell transplant within the last 2 years or are taking medicine to suppress the immune system
- Moderate or severe primary immunodeficiency (such as DiGeorge syndrome, Wiskott-Aldrich syndrome)
- Advanced or untreated HIV infection (such as patients who are not on ART and/or who have CD4200 or less)
- Active treatment with high-dose corticosteroids or other drugs that may suppress your immune response
- A medical condition or multiple medical conditions, which a medical provider deems to potentially decrease the immune response to the vaccine. If you think you qualify but do not fall into one of the above categories, you should discuss with your medical provider if a booster is indicated.

Important information to consider before receiving a 3rd dose of a COVID-19 Vaccine:

- The 3rd dose should be given at least 4 weeks (28 days) after the 2nd dose of the vaccine.
- If you have or had COVID-19, you need to wait until you have recovered prior to receiving any dose of the COVID-19 vaccine. This means at least 10 days from your positive test.

CDC also recommends a 3rd Dose/Booster of the mRNA Pfizer 6 months from the second dose for persons:

Ages 65 and older; Ages 18 and older with underlying medical conditions; or Ages 18 and older who work or live in high risk settings.

Please check the applicable category for you.

- ☐ Immunocompromised
- ☐ Age 65 years and older
- ☐ Ages 18 and older with underlying medical conditions
- ☐ Ages 18 and older who work or live in high risk settings

Print Name: _____

Date of Birth: _____

Signature of Patient: _____

Date: _____

Pfizer only: If 12 years old – 17 years old (immunocompromised only)

I certify that I am: the legal guardian of the patient and confirm that the patient is at least 12 years of age; or (b) legally authorized to consent for self-attesting for the patient named above.

Signature of Parent/Guardian/Authorized Representative: _____ **Date:** _____

Print Name of Parent/Guardian/Authorized Representative: _____