

Queen's Health Systems Third-Dose COVID-19 Vaccine Attestation for Immunocompromised Individuals

Check all that apply.

- I did not receive the single-dose Johnson & Johnson COVID vaccine.

Medical Conditions:

- Actively being treated for a tumor/cancer, or cancer of the blood such as leukemia or aplastic anemia.
- Organ transplant recipient & taking immunosuppressive therapy
- Recipient of a stem cell or CAR-T-Cell transplant within the last 2 years, or still on immunosuppressive therapy because of a stem cell transplant.
- Diagnosed with a moderate or severe primary immunodeficiency.
• Examples include: Combined Immune Deficiency Syndrome (CVID), DiGeorge Syndrome, Wiskott-Aldrich syndrome, Chronic Granulomatous Disease (CGD)
- Advanced or untreated HIV infection
- Actively being treated with immunosuppressive medication for a chronic condition, such as Crohn's Disease, Ulcerative Colitis, Severe Rheumatoid Arthritis, Moderate to Severe Psoriasis, or Polyangiitis. Examples of some medications are listed below, but other medications may also qualify
- High-dose oral steroids (Prednisone, more than 20mg every day)
 - Cyclophosphamide (Cytoxan)
 - Cyclosporin
 - Azathioprine (Imuran)
 - Methotrexate
 - Etanercept (Enbrel)
 - Rituximab (Rituxan)
 - Infliximab (Remicade)
 - Adalimumab (Humira)
- A chronic medical condition that has led to moderate or severe immunodeficiency, such as End Stage Kidney Disease requiring dialysis, severe chronic liver disease, such as cirrhosis, Sickle Cell Disease, or asplenia.

I certify that I am moderately or severely immunocompromised, and I meet at least one of the following criteria, allowing me to receive a 3rd dose of either the Pfizer-BNT or the Moderna COVID-19 vaccine.

I hereby attest under the penalties of perjury that I have one of the following medical diagnosis and qualify for a booster mRNA COVID vaccination.

Print Name _____

Signature _____

Date _____