



St. Lawrence County Public Health Department
80 State Highway 310, Suite 2 ▪ Canton, New York 13617-1476
Phone: (315) 386-2325 ▪ Fax: (315) 386-2203

If you live, work, or study in New York State you can use this attestation form to demonstrate you are eligible to receive the vaccine due to certain comorbidities and underlying conditions.

NY State's COVID-19 vaccine supply is limited and subject to New York State directives. Please fill out this form to confirm your eligibility to receive a COVID-19 vaccination because of a comorbidity or underlying health condition in the current prioritization phase. Only individuals who are eligible based on the following conditions should complete the attestation form at this time. New York State Department of Health eligibility criteria is available at: <https://am-i-eligible.covid19vaccine.health.ny.gov/>.

- 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/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 (affects blood vessels and blood supply to the brain)
- Neurologic conditions including but not limited to Alzheimer's Disease or dementia
- Liver disease

- I hereby attest under the penalties of perjury to the best of my knowledge and belief that I have one or more of the conditions listed above.
- I hereby attest under penalties of perjury that I live, work, or study in New York State.

First Name

Last Name

Date of Birth (mm/dd/yyyy)

Address (city, state, zip)

Signature

Date (mm/dd/yyyy)