



FRANKLIN COUNTY PUBLIC HEALTH SERVICES

Kathleen Farrell Strack, M.S., R.N.

Director of Public Health/ Early Intervention Official



If you live, work or study in Franklin County you can use this attestation form to demonstrate you are eligible to receive the vaccine.

Franklin County’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 in the current prioritization phase.

New York State Department of Health eligibility criteria is available at: <https://am-i-eligible.covid19vaccine.health.ny.gov/>. Only individuals who are eligible based on the following conditions should complete the attestation form at this time.

DIAGNOSIS: _____

- 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

Signature

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 that I selected 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)

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