



COVID-19 Vaccine Eligibility Self-Certification Form

By signing this form, I hereby certify that I meet current eligibility criteria to receive a COVID-19 vaccination from the St. Mary’s County Health Department due to having a disability or one of the medical conditions listed below that could put me at risk for severe COVID-19 infection as per the [Centers for Disease Control and Prevention](#) (CDC):

Currently Eligible: St. Mary’s County residents age 16 and older with a disability or with at least one of the following medical conditions:

- Cancer
- Chronic kidney disease
- Chronic lung disease (such as COPD, moderate-to-severe asthma, interstitial lung disease, cystic fibrosis, or pulmonary hypertension)
- Dementia or other neurologic condition
- Diabetes
- Down Syndrome
- Heart conditions, such as heart failure, coronary artery disease, cardiomyopathies, hypertension/high blood pressure
- HIV infection
- Immunocompromised state (weakened immune system)
- Liver disease
- Overweight or Obesity ([body mass index \[BMI\]](#) of 25 kg/m² or higher)
- Pregnancy
- Sick cell disease or thalassemia
- Smoking, current or former
- Solid organ or stem cell transplant
- Stroke or other cerebrovascular disease
- Substance use disorder

I, _____ (printed name), agree that as of _____ (date) I have a disability or one of the above conditions and am therefore eligible for COVID-19 vaccine.

 X
Patient Signature

 X
Parent/Guardian Signature if Patient is a Minor