



GARLAND

PUBLIC HEALTH

COVID-19 Third Dose Registration Form

CDC recommends that moderately to severely immunocompromised people receive a third dose of mRNA COVID-19 Vaccines. By signing below, you attest that you meet one or more of the following criteria.

- Receiving active cancer treatment for tumors or cancers of the blood
- Received an organ transplant and are taking medication 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
- Active treatment with high-dose corticosteroids or other drugs that may suppress your immune system
- Diagnosed with conditions that are considered to have an equivalent level of immunocompromised as above

I attest that I meet one or more of the qualifications listed above to receive a third dose of Moderna or Pfizer mRNA COVID-19 vaccine.

Printed Name

Signature