

**Sid's Pharmacy 825 SE Bishop Blvd ste 301, Pullman WA 99163
Attestation Form for Additional Dose Eligibility**

Scenario	Eligible Patient Population for Additional Doses	Eligible for Additional Dose?	Check which scenario is applicable to you
Scenario #1	<p>Patient must meet at least one of the following Moderately or Severely Immunocompromised Criteria:</p> <ul style="list-style-type: none"> • Acute treatment for solid tumor and hematologic malignancies • Receipt of solid-organ transplant and taking immunosuppressive therapy • Receipt of CAR-T-cell or hematopoietic stem cell transplant (within 2 years of transplantation or taking immunosuppression therapy) • Moderate or severe primary immunodeficiency (e.g. , DiGeorge,Wiskott-Aldrich syndromes) • Advanced or untreated HIV infection • Active treatment with high-dose corticosteroids (i.e., ≥20mg prednisone or equivalent per day), alkylating agents, antimetabolites, transplant-related immunosuppressive drugs, cancer chemotherapeutic agents classified as severely immunosuppressive, TNF blockers, and other biologic agents that are immunosuppressive or immunomodulatory • Chronic conditions associated with varying degrees of immune deficit, such as asplenia, sickle cell and chronic renal disease. • Other diagnosed chronic condition with equivalent moderate to severe level of immunocompromised 	YES	
Scenario #2	None of the above	NO	
<p>Individuals must self-attest that they meet one of the Immunocompromised criteria in Scenario #1 above to be eligible for an additional COVID-19 Dose. Patients are not required to identify which specific condition or diagnosis is applicable to them. Patients must also meet the applicable age criteria (12 years of age or older for Pfizer vaccine or 18 years of age or older for Moderna).</p>			

Name _____ Date of Birth _____

Signature _____

as of 08/13/21