Medical Risk Factor Attestation Form
For Immunocompromised Individuals Seeking an Additional Primary Dose of the COVID-19 Vaccine

The State of Louisiana recommends people ages 5 and up whose immune systems are compromised moderately to severely and are fully vaccinated with an mRNA (Pfizer or Moderna) COVID-19 vaccine should receive an additional dose of that same mRNA COVID-19 vaccine. The additional dose should be given 28 days after the second dose. Patients may self-attest to their own condition by completing and signing this form. Parents/guardians of children 17 years old and younger may attest to their child’s condition by completing and signing this form.

Please check next to the high-risk medical condition that you or your child has and sign at the bottom of the form. The vaccination site will keep a copy of this form, and it may be audited by the State. Bring this form (or a copy) to your vaccination appointment. No other documentation from your doctor is needed.

___ Receiving active cancer treatment for tumors or cancers of the blood
___ Received an organ transplant and are currently taking medicine to suppress the immune system
___ Received a stem cell transplant within the last 2 years or are currently taking medicine to suppress the immune system
___ Moderate or severe primary immunodeficiency (such as DiGeorge syndrome, WiskottAldrich syndrome)
___ Advanced or untreated HIV infection
___ Active treatment with high-dose corticosteroids (≥20 mg prednisone or equivalent per day) or other drugs that may suppress your immune response
___ Other conditions which cause moderate or severe immunosuppression similar to the above conditions

You should talk to your healthcare provider about you or your child’s medical condition, and whether getting an additional dose is appropriate.

Signed: ______________________________  Date: ________________

Sign and bring this form to you or your child’s vaccination appointment  version 1/07/22