

COVID-19 Vaccination Attestation Form

I hereby certify under penalty of law that I am eligible to receive the COVID-19 vaccine, or the person for whom I am legally authorized to make health care decisions for is eligible to receive COVID-19 vaccine, because:

1. I am over 16 years of age and a resident of New York State (or the person for whom I am legally authorized to make health care decisions is a resident of New York State).

OR

2. I am over 16 years of age and perform work in New York (or the person for whom I am legally authorized to make health care decisions performs work in New York State).

OR

3. I am over 16 years of age and I study in New York State.

I hereby certify under penalty of law that I am a member of a priority group eligible for vaccination in New York State.

Name (Print): _____

Signature: _____

Date: _____