



**Public Health**  
Prevent. Promote. Protect.

## District 2 Public Health

Zachary Taylor, M.D., M.S., Health Director

1280 Athens Street • Gainesville, Georgia 30507

PH: 770-535-5743 • FAX: 770-535-5958 • [www.phdistrict2.org](http://www.phdistrict2.org)

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Banks, Dawson, Forsyth, Franklin, Habersham, Hall, Hart, Lumpkin, Rabun, Stephens, Towns, Union and White Counties

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### Attestation for administration of a third dose of mRNA COVID-19 vaccines

Patient's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

The above patient is eligible to receive an additional dose of mRNA COVID-19 vaccine (Pfizer/Moderna) due to one of the following qualifying immunocompromising conditions:

- Active treatment for solid tumor and hematologic malignancies
- Receipt of a 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 (such as DiGeorge syndrome, Wiskott-Aldrich syndrome)
- Advanced or untreated HIV infection
- Active treatment with high-dose corticosteroids ( $\geq 20$ mg prednisone or equivalent per day), alkylating agents, antimetabolites, transplant-related immunosuppressive drugs, cancer chemotherapeutic agents classified as severely immunosuppressive, tumor-necrosis (TNF) blockers, and other biologic agents that are immunosuppressive or immunomodulatory

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Physician's Signature

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Date signed