

COVID-19 Massachusetts Vaccination Attestation Form



If you live, work or study in Massachusetts you can use this attestation form to demonstrate you are eligible to receive the vaccine.

COVID-19 vaccine supply is limited, and is subject to prioritized phases as recommended by the Massachusetts COVID-19 Advisory Group.

Please fill out this form to confirm your eligibility to receive a COVID-19 vaccination in the current prioritization phase.

[Mass.gov has additional clarification about each prioritization category.](#)

Only individuals **[eligible to receive the vaccine in Phase 1](#)**, individuals age 65 or older, individuals with **[2 or more certain medical conditions](#)**, **[residents and staff of low income and affordable senior housing](#)**, or an individual accompanying an individual 75 or over should complete the attestation form at this time

[Find a vaccine location](#) - you will need to book your appointment with the site.

What you will need at your appointment:

Be prepared to show this attestation form at your appointment:

- Complete this form online by filling out your information below. Please provide your email address if you would like a copy emailed to you.
- It is acceptable to display the confirmation email on your phone at your appointment.
- You may print out this PDF, fill it out and bring it with you to your appointment.
- If you cannot print out the form or complete it online, you may fill it out at the vaccination site.

COVID-19 Massachusetts Vaccination Attestation Form



At your appointment you may be asked for the following information:

- Insurance card. Vaccination is free whether you have insurance or not, if you have insurance, please bring that information with you.
- Identification, examples include:
 - Employer-issued ID card that includes your name and title; or
 - Government-issued identification or license; or
 - Recent pay stub

You may get a vaccine even if you don't have a driver's license or a social security number.

Please identify which priority group you belong to:

- I am a health care worker (clinical or non-clinical), including in home care worker
- I work or currently reside in a skilled nursing facility, rest home, assisted living facility or a continuing care retirement community, as defined below
- I am a first responder
- I work or currently reside in a residential congregate care/shelter setting
- I am 65 years or older
- I am accompanying someone who is age 75+ to their vaccination appointment and my appointment is the same day at a mass vaccination site (Gillette, Fenway, Eastfield Mall Springfield, DoubleTree Danvers)
- I have 2 or more of these certain medical conditions listed below
- I live or work in low income or affordable senior housing
- None of the above, but I have documentation of receipt of my first shot & am scheduling my second

COVID-19 Massachusetts Vaccination Attestation Form



This information is not exhaustive, please [visit the COVID-19 Vaccine Distribution timeline for further information](#) about each prioritization category:

- Continuing care retirement communities listed [here are eligible for vaccine in Phase 1](#)
- First responders examples include: employees of a police department, fire department, public or private emergency medical service entity, or federal law enforcement
- Congregate care settings examples include: group home, shelter, treatment program, residential education program, correctional facility
- Home care worker examples include: personal care attendant, adult foster care worker, mental/behavioral health care provider providing in home treatment, state agency staff performing direct care in the home
- Individuals age 65 or older
- Certain medical conditions defined by the CDC as being at severe risk for illness from COVID-19:
 - Cancer
 - Chronic kidney disease
 - COPD (chronic obstructive pulmonary disease)
 - Down Syndrome
 - Heart conditions, such as heart failure, coronary artery disease, or cardiomyopathies
 - Immunocompromised state (weakened immune system) from solid organ transplant
 - Obesity or severe obesity (body mass index [BMI] of 30 kg/m² or higher)
 - Pregnancy
 - Sickle cell disease
 - Smoking
 - Type 2 diabetes mellitus
 - Massachusetts has also identified moderate to severe asthma as an eligible condition

COVID-19 Massachusetts Vaccination Attestation Form



Signature

- I hereby attest under the penalties of perjury to the best of my knowledge and belief that I belong to the priority group that I selected above.
- I hereby attest under penalties of perjury that I live, work, or study in Massachusetts.

First Name

Last Name

Email (optional)

*Date of Birth (mm/dd/yyyy)
(optional)*

Zip Code (optional)

Signature

Date