

SF COVID-19 VACCINATION - ATTESTATION OF ELIGIBILITY

San Francisco is committed to ensuring that everyone who wants COVID-19 vaccination can receive it when they are eligible, regardless of their immigration status, race, ethnicity, nationality, insurance, or other protected class, and in compliance with law and policy.

Please print clearly. Put your SF Zip Code and check whether you live or work there or both.

FIRST NAME

MIDDLE NAME OR INITIAL

LAST NAME

DATE OF BIRTH (MM /DD/YYYY)

SAN FRANCISCO ZIP CODE LIVE WORK

What makes you eligible for vaccine? (You may check more than one)

HEALTHCARE WORKER

EXPERIENCING HOMELESSNESS

EMERGENCY SECTOR WORKER

LIVE OR WORK IN CONGREGATE SETTING

FOOD OR AGRICULTURAL WORKER

AGE 65 YEARS OR OLDER

EDUCATION OR CHILDCARE WORKER

QUALIFYING MEDICAL CONDITION

QUALIFYING DISABILITY

ATTESTATION

1. I am the individual noted above (or the parent or legal guardian of the minor named above, or the legal conservator of the adult named above).
2. I understand that my eligibility to receive a COVID-19 vaccination at this time is based on criteria set by the Centers for Disease Control (CDC), the California Department of Public Health (CDPH), and the San Francisco Department of Public Health (SFDPH).
3. I certify that I am currently eligible for vaccination based on the criteria checked above.
4. I declare that the foregoing is true and correct to the best of my knowledge and belief.

SIGNATURE

DATE

Or SIGNATURE of PARENT, GUARDIAN, or CONSERVATOR

DATE