



State of Louisiana

Louisiana Department of Health
Office of Public Health
March 2021

State of Louisiana COVID-19 Vaccination Medical Risk Factor Self-Attestation Form

Effective Tuesday, March 9th 2021, the State of Louisiana has expanded eligibility for COVID-19 Vaccines to include people who have health conditions that may result in a higher risk of disease. If you are between the ages of 18 and 64 (or 16+ if receiving the Pfizer vaccine) and have one of the following conditions, you are now eligible to receive COVID-19 vaccine. If you are pregnant regardless of age you are eligible.

For the most complete, up-to-date list of who is eligible for the vaccine, go to: covidvaccine.la.gov

Please check next to the high-risk medical condition that you have 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. If able, please bring this (or a copy) form to your vaccination appointment. No other documentation from your doctor is needed.

High-risk medical conditions (ages 18 and up, or ages 16 and up for Pfizer vaccine only) now eligible in Phase 1b. Check all that apply:

- Asthma (moderate-to-severe)
- Cancer
- Cerebrovascular disease (affects blood vessels and blood supply to the brain)
- Chronic kidney disease
- COPD (chronic obstructive pulmonary disease)
- Cystic fibrosis
- Down Syndrome
- Heart conditions, such as heart failure, coronary artery disease or cardiomyopathies
- Hypertension or high blood pressure
- Immunocompromised state (weakened immune system) from solid organ transplant
- Immunocompromised state (weakened immune system) from blood or bone marrow transplant, immune deficiencies, HIV, use of corticosteroids, or use of other immune weakening medicines
- Overweight (BMI > 25 kg/m², but < 30 kg/m²)
- Obesity (body mass index [BMI] of 30kg/m² or higher but < 40kg/m²)
- Severe obesity (BMIC >40kg/m²)
- Pregnancy
- Severe neurologic conditions, such as dementia
- Sickle Cell Disease
- Smoking
- Type 1 diabetes mellitus
- Type 2 diabetes mellitus
- Chronic liver disease
- Pulmonary fibrosis (having damaged or scarred lung tissues)
- Thalassemia (a type of blood disorder)

Signed: _____ Date: _____

Please sign and bring this form to your vaccination appointment, or ask your vaccine provider to provide a blank form.