THIRD DOSE PRIMARY SERIES COVID-19 VACCINE

Declaration of Eligibility for Moderately to Severely Immunocompromised Individuals

For moderately to severely immunocompromised, a primary series is now considered **three doses**, with the fourth dose being the booster. This is based on the likelihood of having a lower immune response after two doses, related to being moderately to severely immunocompromised. Individuals with at least one of the conditions or treatments listed below are eligible to register online or by phone for a third COVID-19 vaccination through a Regional Health Authority or participating pharmacy. Visit the GNB vaccine page "book your third or booster dose" section for information on recommended intervals between vaccine doses.

New Brunswickers aged **5 and over** with any of the following conditions or treatments as documented or diagnosed by their health care provider are eligible for the COVID-19 vaccine:

(Please check all that apply to you and bring this signed declaration to your appointment*.)

- Active or recent (within 6 months) for solid tumor cancer or cancers of the blood
- Solid organ transplant and taking immune suppression therapy
- Recent stem cell transplant (within 2 years) or are taking immune suppression therapy
- Moderate to severe primary immunodeficiency (e.g. DiGeorge syndrome, Wiskott-Aslrich syndrome)
- Advanced or untreated HIV infection, with prior AIDS defining illness or prior CD4 count ≤ 200/mm3 or prior CD4 fraction ≤ 15% or perinatally acquired HIV infection or AIDS
- Moderate to severe immune suppression therapy such as:
  - cancer chemotherapy,
  - immune therapy, or
  - other biologic medications that significantly suppress the immune system (e.g., rituximab)
  - high-dose systemic corticosteroids (Doses of > 20mg/day of prednisone for four or more weeks) or other drugs to suppress your immune system
- Significant problems with the spleen or splenectomy
- Stage-5 chronic kidney disease with dialysis

Only book an appointment if you meet the eligibility.
I hereby certify that I have the medical conditions or treatments I have selected above which has been documented or diagnosed by my health care provider and that, to the best of my knowledge, the information upon which this certification is based is true and accurate.

Bring this signed declaration to your appointment.

Print name	Signature	Date

If you are the substitute decision maker or legal representative of the individual receiving the vaccine and unable to certify the above, please complete the section below:

Print name of Guardian	Signature of Guardian	Date

The information collected in this process will be used for making COVID-19 vaccine arrangements.

Professionals and organizations involved in COVID-19 vaccination are bound by confidentiality, aware of their obligation to protect personal and personal health information and have taken measures to ensure its secured and safe collection, use and disclosure. If you have questions or concerns related to privacy you can send an email to: **Cpobpvp@gnb.ca**

*If you do not have access to a printer then you can complete the form at the clinic.