



Attestation Letter: People with Highest Risk Conditions

Subject

Eligibility of persons with highest risk conditions to receive COVID-19 Vaccine (Phase 1b, Tier 2)

Background

Beginning March 15, healthcare providers may use their clinical judgment to vaccinate individuals aged 16-64 years who are deemed to be at the very highest risk for morbidity and mortality from COVID-19 as a direct result of one or more severe health conditions, as articulated in the California Department of Public Health [Provider Bulletin](#). Please note that the list of highest risk conditions is subject to change as new clinical data becomes available.

CDPH has provided the following examples of conditions placing patients at very high risk for morbidity and mortality from COVID-19:

- **Cancer**, current with debilitated or immunocompromised state
- **Chronic kidney disease**, stage 4 or above
- **Chronic pulmonary disease**, oxygen dependent
- **Down syndrome**
- **Immunocompromised state** (weakened immune system) from **solid organ transplant**
- **Pregnancy**
- **Sickle cell disease**
- **Heart conditions** (e.g. heart failure, coronary artery disease, or cardiomyopathies (excludes hypertension))
- **Severe obesity** (Body Mass Index ≥ 40 kg/m²)
- **Type 2 diabetes mellitus** with hemoglobin A1c level greater than 7.5%

Alternatively, individuals are eligible for COVID-19 vaccination in Phase 1b, Tier 2 if, **as a result of a developmental or other severe high-risk disability**, one or more of the following applies:

- The individual is likely to develop severe life-threatening illness or death from COVID-19 infection.
- Acquiring COVID-19 will limit the individual's ability to receive ongoing care or services vital to their well-being and survival.



- Providing adequate and timely COVID-19 care will be particularly challenging as a result of the individual's disability.

If your patient falls into one of the categories described above, Alameda County Public Health Department (ACPHD) asks that you vaccinate your patient against COVID-19 on or after March 15, in your own clinic or within your own healthcare system whenever possible. If timely vaccination at your facility is not possible, and you are advising your patient to seek COVID-19 vaccination at a site run by Alameda County, please provide the following attestation.

Healthcare Provider’s Attestation

By signing below, I attest that _____
Name and Date of Birth

is at very high risk for morbidity and mortality from COVID-19, as a result of one or more severe underlying high-risk medical conditions and/or disabilities, as described above. Please vaccinate my patient for COVID-19 in Phase 1b, Tier 2, when it is their turn.

Sincerely,

Signature of Healthcare Provider

Date

Printed name/Credential (MD, DO, NP, PA-C)

Healthcare Provider Phone Number