



State of Louisiana

Louisiana Department of Health
Office of Public Health

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

The State of Louisiana along with the Centers for Disease Control and Prevention (CDC) now recommends that people whose immune systems are compromised moderately to severely and are fully vaccinated with an mRNA (Pfizer or Moderna) COVID-19 vaccine should receive an additional dose of that same mRNA COVID-19 vaccine. Patients may self-attest to their condition by completing and signing this form.

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. Please bring this form (or a copy) to your vaccination appointment. No other documentation from your doctor is needed.

- Receiving active cancer treatment for tumors or cancers of the blood
- Received an organ transplant and are currently taking medicine to suppress the immune system
- Received a stem cell transplant within the last 2 years or are currently taking medicine to suppress the immune system
- Moderate or severe primary immunodeficiency (such as DiGeorge syndrome, Wiskott-Aldrich syndrome)
- Advanced or untreated HIV infection
- Active treatment with high-dose corticosteroids (**≥20 mg prednisone or equivalent per day**) or other drugs that may suppress your immune response
- Other conditions which cause moderate or severe immunosuppression similar to the above conditions

People should talk to their healthcare provider about their medical condition, and whether getting an additional dose is appropriate for them.

Signed: _____

Date: _____

- Please sign and bring this form to your vaccination appointment

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