

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

If you are eligible for vaccine based on your work, complete the next 2 lines.

DESCRIPTION OF CURRENT WORK OR EMPLOYMENT (PAID OR UNPAID)

NAME AND LOCATION OF CURRENT WORK OR EMPLOYER (PAID OR UNPAID)

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) and the California Department of Public Health (CDPH), which includes my status in paid or unpaid work in certain sectors, or certain age or medical conditions.
3. I certify that I am a worker in a sector currently eligible for vaccination based on the CDC and CDPH criteria, and I am currently working, paid or unpaid, as I indicated above, or I am otherwise eligible for vaccination based on my age or medical condition.
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