COVID-19 Yuba/Sutter County Clinic Vaccination Attestation Form

If you live or work in Yuba or Sutter Counties, you can use this attestation form to demonstrate you have an underlying medical condition(s) that qualifies you to receive the COVID-19 vaccine at any COVID-19 Yuba/Sutter County Clinics.

COVID-19 vaccine supply is limited, and is subject to prioritized phases as recommended by the California Department of Public Health and the Yuba County Public Health and Sutter County Public Health.

Please fill out this form to confirm your eligibility to receive a COVID-19 vaccination in the current prioritization phase.

Only individuals eligible to receive the vaccine with a certain medical condition, should complete the attestation form at this time.

Be prepared to show this attestation form at your appointment.
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Certain medical conditions defined by the CDC as being at severe risk for illness from COVID-19 are listed below.

I attest that I have one of these certain medical conditions listed below:

- 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, such as 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%

Signature
I hereby attest under the penalties of perjury to the best of my knowledge and belief that I have one of the medical conditions listed above.

First Name ___________________________ Last Name ___________________________

Date of Birth (mm/dd/yyyy) ___________ Zip Code (optional) ___________

Signature Date ___________________________