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**

***What makes you eligible for vaccine? (You may check more than one)***

**🞎 Healthcare Worker 🞎 Experiencing Homelessness**

**🞎 Emergency Sector Worker 🞎 Live or Work in Congregate Setting**

**🞎 Food or Agricultural Worker 🞎 Age 65 Years or older**

**🞎 Education or Childcare Worker**

**🞎 Qualifying Medical Condition**

**🞎 Qualifying Disability**

**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), the California Department of Public Health (CDPH), and the San Francisco Department of Public Health (SFDPH).

**3.** I certify that I am currently eligible for vaccination based on the criteria checked above.

**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**