

# Attestation of Eligibility Form - Vaccination

The following form is to be completed by a physician on behalf of their patient.

The following attests that the individual identified, along with their primary essential caregiver (1)\*, is eligible for COVID-19 vaccination based on a prioritized health condition identified in Ontario's [COVID-19: Guidance for Prioritization of Phase 2 Populations for COVID-19 Vaccination](#).

Patient/caregiver name	
Patient/caregiver date of birth	
Patient/caregiver cell/home phone	
Patient/caregiver email	

As listed in [Ontario's guidance](#), I attest that this patient/caregiver is eligible to receive COVID-19 vaccination due to a:

- Highest-Risk Health Condition
- High-Risk Health Condition
- This person qualifies for a shortened dose interval due to one of the following conditions:
  - Transplant recipients (including solid organ transplants and hematopoietic stem cell transplants)
  - A malignant hematologic disorder or non-hematologic malignant solid tumour receiving active treatment (chemotherapy, targeted therapies, immunotherapy), excluding individuals receiving solely hormonal therapy or radiation therapy

Physician Name: \_\_\_\_\_

Physician Phone number: \_\_\_\_\_ Physician CPSO number: \_\_\_\_\_

Physician office/clinic address: \_\_\_\_\_

Date: \_\_\_\_\_

Please bring the completed form to the COVID-19 vaccination clinic.

\*Individuals with Highest-Risk and High Risk health conditions are allowed up to one primary essential caregiver. [See guidance for more information.](#)

This form is intended only for the planned recipient.

Any inappropriate use will be escalated including notification to the College of Physicians and Surgeons of Ontario

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For more information, talk to your health care provider or visit [peelregion.ca/coronavirus](https://peelregion.ca/coronavirus)