NEW YORK STATE OF OPPORTUNITY. Department of Health

MEMORANDUM

Date: **December 23, 2020**

Subject: **Vaccine Eligibility Certification**

To receive a COVID-19 vaccination, you must certify that you are eligible as described below. Please provide this certification to authorized staff at the facility where you receive the vaccine.

I understand that vaccine supply is currently limited and, therefore, subject to strict prioritization in accordance with Centers for Disease Control and New York State Department of Health directives. With that understanding, I hereby certify under penalty of law that:

1. I qualify in one of the following capacities that is eligible for vaccine at this time:

- Resident or patient of a residential program or a hospital that is certified or operated by OMH or OPWDD.
- Employee of OMH or OPWDD who comes in contact with residents or patients of a residential program or hospital that is certified or operated by OMH or OPWDD.
- Employee of the NYS Office of Addiction Services and Supports (OASAS) who comes in contact with residents or patients at a residential program or hospital that is certified or operated by OASAS.
- Certified NYS EMS provider, including but not limited to Certified First Responder, Emergency Medical Technician, Advanced Emergency Medical Technician, Emergency Medical Technician – Critical Care, or Paramedic.
- Emergency Vehicle Operator (Ambulance) or Non-Certified Ambulance Assistant.
- County Coroner or Medical Examiner.
- Licensed funeral director, or owner, operator, employee, or contractor of a funeral firm licensed and registered in New York State, that is exposed to infectious material or bodily fluids.

OR

2. With respect to residents of residential programs or patients of hospitals certified or operated by the NYS Office of Mental Health (OMH) or Office for People With Developmental Disabilities (OPWDD), the person for whom this certification is submitted is a resident or patient of such residential program or hospital.

False statements made herein are punishable as a class A misdemeanor pursuant to Section 210.45 of the Penal Law.

_____	_____
Signature	Employer, Resident or Patient Name
_____	_____
Print Name	Date