

# COVID-19 Massachusetts Vaccination Attestation Form



**If you live, work or study in Massachusetts you can use this attestation form to demonstrate you are eligible to receive the vaccine.**

COVID-19 vaccine supply is limited, and is subject to prioritized phases as recommended by the Massachusetts COVID-19 Advisory Group.

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

**Mass.gov has additional clarification about each prioritization category.**

**Only individuals eligible to receive the vaccine in Phase 1 should complete the attestation form at this time.** Individuals in Phase 2 will be able to fill out the form once Phase 2 is activated.

**Find a vaccine location** - you will need to book your appointment with the site.

## **What you will need at your appointment:**

Be prepared to show this attestation form at your appointment:

- Complete this form online by filling out your information below. Please provide your email address if you would like a copy emailed to you.
- It is acceptable to display the confirmation email on your phone at your appointment.
- You may print out this PDF, fill it out and bring it with you to your appointment.
- If you cannot print out the form or complete it online, you may fill it out at the vaccination site.



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## At your appointment you may be asked for the following information:

- Insurance card. Vaccination is free whether you have insurance or not. If you have insurance, please bring that information with you.
- Identification, examples include:
  - Employer-issued ID card that includes your name and title; or
  - Government-issued identification or license; or
  - Recent paystub

**You may get a vaccine even if you don't have a driver's license or a social security number.**

Please identify which priority group you belong to:

- ☐ I am a health care worker (clinical or non-clinical), including in home care worker
- ☐ I work or currently reside in a skilled nursing facility, rest home, assisted living facility or a continuing care retirement community, as defined below
- ☐ I am a first responder
- ☐ I work or currently reside in a residential congregate care/shelter setting

**This information is not exhaustive, please visit the COVID-19 Vaccine Distribution timeline for further information about each prioritization category:**

- Continuing care retirement communities listed here are eligible for vaccine in Phase 1
- First responders examples include: employees of a police department, fire department, public or private emergency medical service entity, or federal law enforcement
- Congregate care settings examples include: group home, shelter, treatment program, residential education program, correctional facility
- Home care worker examples include: personal care attendant, adult foster care worker, mental/behavioral health care provider providing in home treatment, state agency staff performing direct care in the home



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## Signature

- ☐ I hereby attest under the penalties of perjury to the best of my knowledge and belief that I belong to the Phase 1 priority group that I selected above.
- ☐ I hereby attest under penalties of perjury that I live, work, or study in Massachusetts.

\_\_\_\_\_  
*First Name*

\_\_\_\_\_  
*Last Name*

\_\_\_\_\_  
*Email (optional)*

\_\_\_\_\_  
*Date of Birth (mm/dd/yyyy)*  
*(optional)*

\_\_\_\_\_  
*Zip Code (optional)*

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*