

## Certification of Eligibility for Vaccination in New York State

Name:		Date:	
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I hereby certify under penalty of law that I am eligible to receive COVID-19 vaccine, or the person for whom I am legally authorized to make health care decisions for is eligible to receive COVID-19 vaccine, because:

- I am a resident of New York State (or the person for whom I am legally authorized to make health care decisions is a resident of New York State).

**OR**

- I perform work in New York (or the person for whom I am legally authorized to make health care decisions performs work in New York State).

**OR**

- I study in New York State.

I understand that I will have to supply proof of eligibility.

Signature: \_\_\_\_\_