

CERTIFICATION OF MEMBERSHIP IN PRIORITY VACCINATION GROUP

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 or by the dates indicated:
 - High-risk hospital and FQHC staff, including OMH psychiatric centers.
 - Health care or other high-risk essential staff who come into contact with residents/patients working in LTCFs and long-term, congregate settings overseen by OPWDD, OMH and OASAS, and residents in congregate living situations, run by the OPWDD, OMH, and 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, Paramedic, Ambulance Emergency Vehicle Operator, or Non-Certified Ambulance Assistant.
 - County Coroner or Medical Examiner, or employer or contractor thereof who is exposed to infectious material or bodily fluids.
 - Licensed funeral director, or owner, operator, employee, or contractor of a funeral firm licensed and registered in New York State, who is exposed to infectious material or bodily fluids.
 - Staff of urgent care provider.
 - Staff who administer COVID-19 vaccine.
 - All Outpatient/Ambulatory front-line, high-risk health care workers of any age who provide direct in-person patient care, or other staff in a position in which they have direct contact with patients (i.e., intake staff).
 - All front-line, high-risk public health workers who have direct contact with patients, including those conducting COVID-19 tests, handling COVID-19 specimens and COVID-19 vaccinations.

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 on behalf of is a resident or patient of such residential program or hospital.