

Declaration of Eligibility for COVID-19 Vaccine – Select Complex Medical Conditions

Some patients qualify for early vaccination based on complex medical conditions. Individuals with at least one of the following conditions are eligible to register online or by phone for vaccination through a Regional Health Authority:

New Brunswickers aged **12 and over** with at least one of the following conditions listed below are eligible for vaccination through a Regional Health Authority (Booking of an appointment and consent for vaccination of children under the age of 16 for the Pfizer-BioNTech vaccine must be completed by a parent or guardian):

- people with specific cancers and/or undergoing:
 - active chemotherapy;
 - radical radiotherapy for lung cancer;
 - cancers of the blood and bone marrow including transplants;
 - immunotherapy/antibody treatments;
 - targeted cancer treatments (protein kinase or PARP inhibitors)
- people with severe combined immunodeficiency (SCID), homozygous sickle cell disease, AIDS;
- people with significant problems with the spleen, or splenectomy;
- solid organ transplant recipients;
- people on dialysis or with Stage-5 chronic kidney disease
- people with Down syndrome
- pregnancy
- people with severe respiratory conditions, including:
 - pulmonary fibrosis, cystic fibrosis, interstitial lung disease, bronchiectasis, systemic steroids,
- people with respiratory or neuromuscular conditions requiring respiratory support
 - ventilation home oxygen
- people, as directed by their primary health care provider, due to exceptional cases of:
 - severe and profound intellectual/developmental disability severe mental illness (schizophrenia, Bipolar, Severe Functional impairment)

Before booking, complete the declaration.

Only book an appointment under this category if you meet the eligibility.

I hereby certify that I have the medical conditions I have selected above which has been documented or diagnosed by my health care provider and that, to the best of my knowledge, the information upon which this certification is based is true and accurate.

Bring this signed declaration to your appointment.

Print name

Signature

Date

If you are the substitute decision maker or legal representative of an individual receiving the vaccine and who is unable to certify the above, please complete the section below:

Print name of Guardian

Signature of Parent/Guardian

Date

The information collected in this process will be used for making COVID-19 vaccine arrangements.

Professionals and organizations involved in COVID-19 vaccination are bound by confidentiality, aware of their obligation to protect personal and personal health information and have taken measures to ensure its secured and safe collection, use and disclosure. If you have questions or concerns related to privacy you can send an email to: Cpobpvp@gnb.ca