Idaho State University | Bengal Pharmacy

The CDC has approved a ***booster dose*** for patients who completed their primary vaccination (2 doses) of the **PFIZER COVID-19 VACCINE** at least 6 months ago and meet any of the following criteria (please check all that apply to you):

- Adults 65 years of age or older
- Adults 18-64 years old with underlying medical conditions that put them at high risk for severe COVID-19 illness such as cancer, heart disease, diabetes, COPD, asthma
- Adults 18 years and older who live in institutional settings
- Frontline workers 18 years and older whose occupation increases their exposure to the COVID-19 virus, such as healthcare workers, teachers/school staff members, grocery store/food processing workers

Dates of primary Pfizer COVID-19 Vaccination:

First Dose: ___/___/____ Second Dose: ___/___/___

By signing this form, I attest that all information I have provided on this form is true and accurate, thereby qualifying me to receive a booster dose of the Pfizer COVID-19 vaccine.

Print Name____________________________

Signature: _____________________________ Date: _______________