

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 and individuals age 75 or over](#) should complete the attestation form at this time.

[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
- I am 75 years or older

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
- Individuals age 75 or older

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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