



# TULE RIVER TRIBE PUBLIC HEALTH AUTHORITY

To Whom It May Concern:

I request that [REDACTED] be eligible for a Covid-19 vaccine due to a clinically diagnosed condition that puts them at increased risk of severe illness from the virus that causes Covid-19.<sup>3</sup>

I certify that this person has a clinical diagnosis of (check all that apply):

- Cancer
- Chronic kidney disease
- Chronic obstructive pulmonary disease or COPD
- Down Syndrome
- Heart conditions, such as heart failure, coronary artery disease, or cardiomyopathies
- Immunocompromised state (weakened immune system) from solid organ transplant
- Severe Obesity (BMI  $\geq$  40 kg/m<sup>2</sup>)
- Obesity (body mass index [BMI] of 30 kg/m<sup>2</sup> or higher but < 40 kg/m<sup>2</sup>)
- Pregnancy
- Sickle cell disease
- Smoking
- Type 2 diabetes mellitus

Therefore, I certify that this individual is eligible for the Covid-19 vaccine.

Sincerely,

\_\_\_\_\_  
Healthcare Professional Name

\_\_\_\_\_  
Organization/Office

\_\_\_\_\_  
Healthcare Professional Signature

\_\_\_\_\_  
Date

<sup>3</sup> <https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/people-with-medical-conditions.html>