



I, \_\_\_\_\_, hereby certify, under penalty of perjury, that I am eligible to receive a COVID-19 vaccine under one of the current eligibility categories, as indicated below, in Maryland as of date of signature. Further, I give permission for the State of Maryland to contact me to request proof of my eligibility.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Address

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Email Address

**Please circle applicability:**

Adults 65 and older

Licensed, registered, or certified health care provider

Front line hospital staff

Individual with intellectual and/or developmental disabilities

Law Enforcement, Firefighter, EMS

Education Staff, including K-12 teacher, support staff, or daycare provider

Public Safety Worker not covered in Phase 1A

Health care workers not covered in Phase 1A, including but not limited to lab services, public health, vaccine manufacturing, and other health care professions

Employment in Food/agriculture production, critical manufacturing, U.S. Postal Service, Public mass transit, grocery store employees

Veterinarians and support staff

Clergy and other essential support for houses of worship