



I attest that *(check only one box)*:

- I have a medical condition or disability that makes me eligible for the COVID-19 vaccine
- I am experiencing homelessness in Los Angeles County and currently stay in a shelter or may transition into a shelter or congregate living setting
- I live or work in a high risk congregate setting: \_\_\_\_\_  
Facility Name  
 \_\_\_\_\_  
Facility Address

I work in one of the following sectors *(please check one and fill in the information below)*:

- in the Education and Childcare sector
- onsite in the Healthcare sector
- onsite in the Emergency Services sector
- onsite in the Food and Agriculture sector
- onsite in the Janitorial/Custodial/Maintenance Service sector
- onsite in the Transportation and Logistics sector
- As a caregiver for over 20 hours a week

**And**

I am employed as a: \_\_\_\_\_  
Job Title

I work at: \_\_\_\_\_  
School, Business, or Organization Name

\_\_\_\_\_  
School, Business, or Organization Address

Signature: \_\_\_\_\_

Name: \_\_\_\_\_

Date: \_\_\_\_\_

*If you do not have access to a printer, this attestation can be written by hand.*

