NH DIVISION OF Public Health Services
Improving health, preventing disease, reducing costs *for all*
Department of Health and Human Services

**Bureau of Infectious Disease Control**

# MEDICAL VERIFICATION FORM FOR COVID-19 VACCINE

## Patient Information

Name ______________________________________________________________________________
(Last) (First) (M.I.)

Date of Birth ______/_______/_________

Primary Phone Number:________________________________ Other Phone Number:__________________________________

Email: ___________________________________________________________ ☐ Patient does not have access to email

## Health Care Provider Information

☐ The above named patient has two or more medical conditions that I believe puts the patient at significantly increased risk for severe COVID-19 infection or death.

OR

☐ The above named person is a family caregiver of a child under 16 who has two or more medical conditions that I believe puts the child at significantly increased risk for severe COVID-19 infection or death.

Healthcare Provider Name: ____________________________________ NPI or License #: ______________________________

Provider Facility/Practice Name ______________________________________________________________________________

Phone Number: ______________________________City/Town________________________________ State________________

**Fax to: (603) 271-3001**
**or upload to sFTP (instructions sent with HAN #34b or call 2-1-1 for them)**

**List of Underlying Medical Conditions (adapted from CDC):**

*Phase 1b: Two or more conditions*

- Cancer
- Chronic Kidney Disease
- COPD (Chronic Obstructive Pulmonary Disease) and other high-risk pulmonary disease
- Down Syndrome
- Heart Conditions, such as heart failure, coronary artery disease, or cardiomyopathies
- Immunocompromised states
- Obesity (body mass index of 30 kg/m or higher)
- Pregnancy
- Sickle cell disease
- Type 2 Diabetes Mellitus

*Note: DPHS allows a health care provider to vaccinate any patient assessed to have significant risk for severe illness due to co-morbidities, even if not listed here. This list does not include every condition that might increase one's risk for developing severe illness from COVID-19, such as those for which evidence may be limited (e.g., rare conditions or combinations of conditions).*

**For questions about this form, call the COVID-19 Coordinating Office at 603-271-5980**