

# COVID - 19 VACCINE

## DETERMINING YOUR PHASE FOR VACCINATION



Visit  
[www.vaccines.nh.gov](http://www.vaccines.nh.gov)

You will be asked the following questions to determine your phase. If you don't know the answer to any of the questions, please check with your Primary Care Doctor or your manager.

Select one of the following options that best describes you:

- I am a high-risk healthcare worker (working with confirmed or suspected COVID-19 patients).
- I am a first responder (police, fire, or emergency medical services).
- I live in a residential care setting like a nursing home or long-term care facility.
- None of these options apply to me.

Select one of the following options that best describes you:

- I am 65 years old or older.
- I am 50 - 64 years old.
- I am under 50 years old.

- I am the family caregiver of a medically vulnerable person 16 years of age or younger.
- I am a corrections officer or staff member working in a correctional facility.
- I am a resident or staff member of a residential facility for persons with intellectual and developmental disabilities.
- I work in a K-12 school or childcare center.
- None of these options apply to me.

How many of the following medical conditions do you have?

Cancer  
Chronic Kidney Disease  
COPD (Chronic Obstructive Pulmonary Disease)  
Down Syndrome  
Heart Conditions, such as heart failure, coronary artery disease, or cardiomyopathies  
Immunocompromised state (weakened immune system) from solid organ transplant  
Obesity  
Severe Obesity  
Pregnancy  
Sickle cell disease  
Other high risk pulmonary disease  
Type 2 Diabetes Mellitus

- I don't have any of the conditions listed.
- I have 1 of the conditions listed.
- I have 2 or more of the conditions listed.