



THE STATE
of **ALASKA**
GOVERNOR MIKE DUNLEAVY

Department of Health and Social Services

Division of Public Health
Director's Office

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COVID Vaccine Provider Attestation Form

As a COVID Vaccine Provider, I agree to confirm each vaccine recipient's eligibility to receive the vaccine based on the requirements provided by the State of Alaska. The State of Alaska has provided me with an Eligibility Script to assist in screening efforts. I will review the eligibility requirements with each vaccine recipient and confirm their eligibility. I acknowledge that I may no longer be able to provide COVID vaccine if I do not adhere to this requirement.

Organization name: _____

Printed name: _____

Signature & Date: _____

Suggested Eligibility Script

COVID-19 vaccine is now available for anyone living or working in Alaska who is age 16 or older. Do you confirm that you are at least 16 years old and either live or work in Alaska?

Note to clinician: If a person does not answer yes to the above question, they are not eligible to receive the COVID-19 vaccine yet.