



Request for Evaluation of High-risk Patients to be Considered for COVID-19 Vaccine Eligibility

Under current CDPH prioritization guidelines, people with the following single comorbid conditions alone are currently **NOT** eligible to receive COVID-19 vaccination:

- Cancer, current diagnosis (not history of)
- Chronic kidney disease of any stage
- COPD (chronic obstructive pulmonary disease) including emphysema and chronic bronchitis
- Down Syndrome
- Heart failure, coronary artery disease, cardiomyopathies and pulmonary hypertension
- Immunocompromised state (weakened immune system) from solid organ transplant blood or bone marrow transplant, HIV with a low CD4 count, current use of oral corticosteroids, or other immune weakening medicine
- Obesity (body mass index [BMI] of 30 kg/m² or higher)
- Pregnancy
- Sickle cell disease and thalassemia
- Current or former smoker
- Type 2 diabetes mellitus

However, if you have a patient:

1. Whose medical condition is either not included in the above list (i.e. s/p solid organ transplant) or who has an extremely severe form of a condition above (i.e. COPD on continuous oxygen therapy) who you believe would be at very high risk of morbidity and mortality from COVID-19 infection,
AND
2. Has living conditions that make isolation challenging (i.e. household members who work outside the home), they may qualify under our temporary guidance for Madera County for COVID-19 Vaccination.

Please complete the following information for your patient:

Patient Full Name:	Patient DOB:
Patient Email:	Patient Phone:
Patient address:	
Primary Diagnosis:	
Measure of severity if available or clinical assessment of severity:	
Secondary Diagnoses relevant to COVID-19 infection risk:	



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Living conditions that make isolation challenging:

Attestation

Physician Name:	
License number:	
Name of Medical Practice:	
Phone number:	
Secure email address:	
Fax number:	

I confirm that the patient listed above has the above diagnoses of the severity I have indicated.

Signature

Date

Submit by either:

- Fax to (559) 674-7262
- Secure email to VaccineReferral@maderacounty.com