

**Annexure 1(A): List of specified Comorbidities for determination of eligibility of citizens in age group 45 to 59 years**

<b>SN</b>	<b>Criterion</b>
1	Heart Failure with hospital admission in past one year
2	Post Cardiac Transplant/Left Ventricular Assist Device (LVAD)
3	Significant Left ventricular systolic dysfunction (LVEF <40%)
4	Moderate or Severe Valvular Heart Disease
5	Congenital heart disease with severe PAH or Idiopathic PAH
6	Coronary Artery Disease with past CABG/PTCA/MI <b>AND</b> Hypertension/Diabetes on treatment
7	Angina <b>AND</b> Hypertension/Diabetes on treatment
8	CT/MRI documented stroke <b>AND</b> Hypertension/Diabetes on treatment
9	Pulmonary artery hypertension <b>AND</b> Hypertension/Diabetes on treatment
10	Diabetes (> 10 years <b>OR</b> with complications) <b>AND</b> Hypertension on treatment
11	Kidney/ Liver/ Hematopoietic stem cell transplant: Recipient/On wait-list
12	End Stage Kidney Disease on haemodialysis/ CAPD
13	Current prolonged use of oral corticosteroids/ immunosuppressant medications
14	Decompensated cirrhosis
15	Severe respiratory disease with hospitalizations in last two years/FEV1 <50%
16	Lymphoma/ Leukaemia/ Myeloma
17	Diagnosis of any solid cancer on or after 1st July 2020 <b>OR</b> currently on any cancer therapy
18	Sickle Cell Disease/ Bone marrow failure/ Aplastic Anemia/ Thalassemia Major
19	Primary Immunodeficiency Diseases/ HIV infection
20	Persons with disabilities due to Intellectual disabilities/ Muscular Dystrophy/ Acid attack with involvement of respiratory system/ Persons with disabilities having high support needs/ Multiple disabilities including deaf-blindness

**Annexure 1(B): Certificate to identify individuals with co-morbidities that enhance the risk of mortality in COVID-19 disease for priority vaccination  
(To be filled by a Registered Medical Practitioner)**

Name of beneficiary: \_\_\_\_\_  
 Age: \_\_\_\_\_ Gender: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Mobile phone number: \_\_\_\_\_  
 Identification document: \_\_\_\_\_

I, Dr. \_\_\_\_\_, working as \_\_\_\_\_ have reviewed the above named individual and certify that he/she has the below mentioned conditions based on the records presented to me. A copy of the records on which this certificate is based is attached.

Presence of ANY ONE of the following criteria will prioritize the individual for vaccination

SN	Criterion	Yes/No
1.	Heart Failure with hospital admission in past one year	
2.	Post Cardiac Transplant/Left Ventricular Assist Device (LVAD)	
3.	Significant Left ventricular systolic dysfunction (LVEF <40%)	
4.	Moderate or Severe Valvular Heart Disease	
5.	Congenital heart disease with severe PAH or Idiopathic PAH	
6.	Coronary Artery Disease with past CABG/PTCA/MI AND Hypertension/Diabetes on treatment	
7.	Angina AND Hypertension/Diabetes on treatment	
8.	CT/MRI documented stroke AND Hypertension/Diabetes on treatment	
9.	Pulmonary artery hypertension AND Hypertension/Diabetes on treatment	
10.	Diabetes (> 10 years OR with complications) AND Hypertension on treatment	
11.	Kidney/ Liver/ Hematopoietic stem cell transplant: Recipient/On wait-list	
12.	End Stage Kidney Disease on haemodialysis/ CAPD	
13.	Current prolonged use of oral corticosteroids/ immunosuppressant medications	
14.	Decompensated cirrhosis	
15.	Severe respiratory disease with hospitalizations in last two years/FEV1 <50%	
16.	Lymphoma/ Leukaemia/ Myeloma	
17.	Diagnosis of any solid cancer on or after 1st July 2020 Or currently on any cancer therapy	
18.	Sickle Cell Disease/ Bone marrow failure/ Aplastic Anemia/ Thalassemia Major	
19.	Primary Immunodeficiency Diseases/ HIV infection	
20.	Persons with disabilities due to Intellectual disabilities/ Muscular Dystrophy/ Acid attack with involvement of respiratory system/ Persons with disabilities having high support needs/ Multiple disabilities including deaf-blindness	

I am aware that providing false information is an offence.

Name of RMP: \_\_\_\_\_  
 Medical Council registration number of RMP: \_\_\_\_\_  
 Date of issuing the certificate: \_\_\_\_\_  
 Place of issue: \_\_\_\_\_ (Signature of RMP)