

**List of specified Comorbidities for determination of eligibility of citizens in age group
45 to 59 years**

SN	Criterion
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

**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	
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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)