

**DECLARATION OF
H1N1 INFLUENZA PRIORITIZATION**

I, _____, do hereby certify that I am competent to give the following declaration based upon my personal knowledge and that the following facts are true and correct to the best of my knowledge.

Currently, I am: (Please check all that apply)

- Pregnant
- A household contact of an infant under six months of age
- A health care worker
Includes all persons working in health-care settings who have the potential for exposure to patients with influenza or infectious materials. Including (but not limited to) physicians, nurses, therapists, technicians, dental personnel, pharmacists, laboratory personnel, autopsy personnel, students and trainees and contractual staff.
- An emergency medical services worker
Including emergency medical technicians, fire fighters and those who provide emergency medical care as part of their normal job duties.
- An infant or child between the ages of 6 months and 18 years
- An adult between the ages of 19 and 24 years
- An adult between the ages of 25 and 64 with a chronic medical condition
Chronic medical conditions that confer a higher risk for influenza-related complications include chronic pulmonary (including asthma), cardiovascular (except hypertension), renal, hepatic, cognitive, neurologic/neuromuscular, hematologic, or metabolic disorders (including diabetes mellitus) or immunosuppression.
- A front-line law enforcement officer with reoccurring and regular contact with the public.
Includes National Guard, corrections, state and local law enforcement officers.