

Annexure I (A) List of specified Comorbidities for determination of eligibility of citizens in age group 18-44 years for priority vaccination

SN	Criterion
1	Diabetes Mellitus
2	Hypertension
3	All Cardiac Diseases (Congenital/Acute/Chronic)
4	All Lung Diseases including Asthma
5	All Neurological Conditions
6	Developmental Disorders
7	All Renal Diseases
8	All Liver Diseases
9	Inflammatory Bowel Disease
10	Any Cancer or on treatment for cancer
11	All Genetic disorders
12	Congenital Metabolic Disorders
13	Obesity- BMI >30 kg/m ²
14	Endocrine Disorders
15	Rheumatological Disorders
16	Persons on Immunosuppressive therapy
17	Auto Immune Diseases
18	Hematological conditions- Sickle Cell Disease/ Bone marrow failure/ Aplastic Anemia/ Thalassemia Major
19	Primary Immunodeficiency Diseases/ HIV infection
20	Poly Cystic Ovarian Disease (PCOD)
21	Differently abled individuals
22	Any organ transplant -including Hematopoietic stem cell transplant: Recipient/On wait-list/Donor
23	Any other conditions which merits vaccination as per the certifying doctor.

**Annexure I (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.	Diabetes Mellitus	
2.	Hypertension	
3.	All Cardiac Diseases (Congenital/Acute/Chronic)	
4.	All Lung Diseases including Asthma	
5.	All Neurological Conditions	
6.	Developmental Disorders	
7.	All Renal Diseases	
8.	All Liver Diseases	
9.	Inflammatory Bowel Disease	
10.	Any Cancer or on treatment for cancer	
11.	All Genetic disorders	
12.	Congenital Metabolic Disorders	
13.	Obesity- BMI >30 kg/m ²	
14.	Endocrine Disorders	
15.	Rheumatological Disorders	
16.	Persons on Immunosuppressive therapy	
17.	Auto Immune Diseases	
18.	Hematological conditions- Sickle Cell Disease/ Bone marrow failure/ Aplastic Anemia/ Thalassemia Major	
19.	Primary Immunodeficiency Diseases/ HIV infection	
20.	Poly Cystic Ovarian Disease (PCOD)	
21.	Differently abled individuals	
22.	Any organ transplant including Hematopoietic stem cell transplant: Recipient/On wait-list/Donor	
23.	Any other conditions which merits vaccination as per the certifying doctor. Please specify the Condition...	

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)