

## FCDO COVID-19 VACCINE ELIGIBILITY GUIDANCE

FCDO is working to secure COVID-19 vaccines for Country Based Staff who wish to receive it. Individuals over the age of 50 will automatically be offered the vaccine. Those under the age of 50 with underlying health conditions may also qualify for the vaccine.

Country Based Staff under the age of 50 as of April 1, 2021, that wish to be considered for the vaccine should complete the last page of this form with their Health Care Provider to help us determine eligibility when the vaccine is available.

Anyone over 50 years of age does not need to complete the form. Also, you do not need to complete this form if you do not wish to receive the vaccine. This programme will follow any applicable U.S. and state/local laws. To the extent the information in this form conflicts with those laws, those laws will govern.

**The information in this document is for Country Based Staff only.** It outlines who is eligible to receive a COVID-19 vaccine from the UK.

FCDO is complying with UK Joint Committee of Vaccination and Immunisation (JCVI) guidance and the UK vaccination programme principles in the administration of the vaccine program. This means that the decision about which staff will be offered the COVID-19 vaccination and when will be based on the guidance issued.

JCVI have outlined the following prioritisation groups (in priority order) designed to protect those who are at the highest risk from serious illness or death.

1. *residents in a care home for older adults and their carers*
2. *all those 80 years of age and over and frontline health and social care workers*
3. *all those 75 years of age and over*
4. *all those 70 years of age and over and **clinically extremely vulnerable**<sup>1</sup> individual*
5. *all those 65 years of age and over*
6. *all individuals aged 16 years to 64 years with **underlying health conditions**<sup>2</sup> which put them at higher risk of serious disease and mortality*
7. *all those 60 years of age and over*
8. *all those 55 years of age and over*
9. *all those 50 years of age and over*

It is estimated that taken together, these groups represent around 99% of preventable mortality from COVID-19.

**Please return the **Vaccination Eligibility Certificate Only** to your HR Manager/CSM by 20 January 2021.**

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<sup>1</sup> See page 2 below for the full list of conditions

<sup>2</sup> See pages 3-4 below for the full list of conditions that have been identified in the [Greenbook](#)

|    | <b>Category – These have been classified as groups who are clinically extremely vulnerable</b>  |
|----|---|
| 1  | solid organ transplant recipient  |
| 2  | people with cancer who are undergoing active chemotherapy   |
| 3  | people with lung cancer who are undergoing radical radiotherapy   |
| 4  | people with cancers of the blood or bone marrow such as leukaemia, lymphoma or myeloma who are at any stage of treatment  |
| 5  | people having immunotherapy or other continuing antibody treatments for cancer  |
| 6  | people having other targeted cancer treatments that can affect the immune system, such as protein kinase inhibitors or PARP inhibitors  |
| 7  | people who have had bone marrow or stem cell transplants in the last 6 months or who are still taking immunosuppression drugs   |
| 8  | people with severe respiratory conditions including all cystic fibrosis, severe asthma and severe chronic obstructive pulmonary disease (COPD)  |
| 9  | people with rare diseases that significantly increase the risk of infections (such as severe combined immunodeficiency (SCID), homozygous sickle cell disease)  |
| 10 | people on immunosuppression therapies sufficient to significantly increase risk of infection  |
| 11 | problems with your spleen, e.g. splenectomy (having your spleen removed)  |
| 12 | adults with Down's syndrome   |
| 13 | adults on dialysis or with chronic kidney disease (stage 5)   |
| 14 | women who are pregnant with significant heart disease, congenital or acquired   |
| 15 | other people who have also been classed as clinically extremely vulnerable, based on clinical judgement and an assessment of their needs. Your Health Care Provider can certify that you fall into this category. |

|    | <b>Category - These have been classified as at clinical risk</b>   |
|----|--|
| 16 | <b>Chronic respiratory disease</b> - individuals with a severe lung condition, including those with asthma that requires continuous or repeated use of systemic steroids or with previous exacerbations requiring hospital admission, and chronic obstructive pulmonary disease (COPD) including chronic bronchitis and emphysema; bronchiectasis, cystic fibrosis, interstitial lung fibrosis, pneumoconiosis and bronchopulmonary dysplasia (BPD).   |
| 17 | <b>Chronic heart disease and vascular disease</b> - congenital heart disease, hypertension with cardiac complications, chronic heart failure, individuals requiring regular medication and/or follow-up for ischaemic heart disease. This includes individuals with atrial fibrillation, peripheral vascular disease or a history of venous thromboembolism.   |
| 18 | <b>Chronic kidney disease</b> - at stage 3, 4 or 5, chronic kidney failure, nephrotic syndrome, kidney transplantation.  |
| 19 | <b>Chronic liver disease</b> - cirrhosis, biliary atresia, chronic hepatitis   |
| 20 | <b>Chronic neurological disease</b> - stroke, transient ischaemic attack (TIA). Conditions in which respiratory function may be compromised due to neurological disease (e.g. polio syndrome sufferers). This includes individuals with cerebral palsy, severe or profound learning disabilities, Down's Syndrome, multiple sclerosis, epilepsy, dementia, Parkinson's disease, motor neurone disease and related or similar conditions; or hereditary and degenerative disease of the nervous system or muscles; or severe neurological disability.   |
| 21 | <b>Diabetes mellitus</b> - any diabetes, including diet-controlled diabetes.   |
| 22 | <b>Immunosuppression</b> - immunosuppression due to disease or treatment, including patients undergoing chemotherapy leading to immunosuppression, patients undergoing radical radiotherapy, solid organ transplant recipients, bone marrow or stem cell transplant recipients, HIV infection at all stages, multiple myeloma or genetic disorders affecting the immune system (e.g. IRAK-4, NEMO, complement disorder, SCID).<br><br>individuals who are receiving immunosuppressive or immunomodulating biological therapy including, but not limited to, anti-TNF, alemtuzumab, ofatumumab, rituximab, patients receiving protein kinase inhibitors or PARP inhibitors, and individuals treated with steroid sparing agents such as cyclophosphamide and mycophenolate mofetil. |

|    |  |
|----|--|
|    | <p>individuals treated with or likely to be treated with systemic steroids for more than a month at a dose equivalent to prednisolone at 20mg or more per day (any age).</p> <p>anyone with a history of haematological malignancy, including leukaemia, lymphoma, and myeloma and those with systemic lupus erythematosus and rheumatoid arthritis, and psoriasis who may require long term immunosuppressive treatments.</p> |
| 23 | <b>Asplenia or dysfunction of the spleen</b> - this also includes conditions that may lead to splenic dysfunction, such as homozygous sickle cell disease, thalassemia major and coeliac syndrome.   |
| 24 | <b>Morbid obesity</b> - adults with a Body Mass Index $\geq 40$ kg/m <sup>2</sup> .  |
| 25 | <b>Severe mental illness</b> - individuals with schizophrenia or bipolar disorder, or any mental illness that causes severe functional impairment.   |
| 26 | <b>Adult carers</b> - those who are in receipt of a carer's allowance, or those who are the main carer of an elderly or disabled person whose welfare may be at risk if the carer falls ill.   |
| 27 | <b>Other condition(s) where COVID-19 infection will exacerbate the underlying disease.</b>   |

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**Return only this certificate to your HR Manager/CSM – do not return the whole form.**

**VACCINE ELIGIBILITY CERTIFICATE**

Please complete your details in Section 1. Your Health Care Provider should complete Section 2.

**Section 1.**

|                               |  |
|-------------------------------|--|
| <b>Patient Name:</b>          |  |
| <b>Date of Birth:</b>         |  |
| <b>PF / staff number:</b>     |  |
| <b>Contact email address:</b> |  |
| <b>Contact phone number:</b>  |  |

**Section 2.**

This part of the form is to be completed by your Health Care Provider. **NOTE to Health Care Provider: Please do not provide a diagnosis or identify the employee's specific medical condition.**

I, ..... confirm that the above-named person has a medical condition listed on pages 1-3 of this document which means they are eligible to receive a COVID-19 vaccine supplied by the FCDO.

**SIGNED: ..... DATE: .....**

**Name of facility:**

**Contact information (including address and phone number):**

In order to supply the vaccine, FCDO in London will be advised of your name and location. FCDO in London will not receive any medical information about you.

Please confirm you consent to sharing your name and location with the FCDO in order to provide you with the vaccine: YES NO

**SIGNED: .....**

**Return this page only to your HR Manager/CSM .....**