

# EXAMPLES OF VACCINATION RECORDS

## California Department of Public Health Digital Vaccination Record



**Verified**  
 ✓ Valid SMART® Health Card  
 ✓ Issuer verified

**Partially Verified**  
 ✓ Valid SMART® Health Card  
 ✗ Issuer not recognized

**Not Verified**  
 ✗ This SMART Health Card cannot be verified. It may have been corrupted.



CDPH Digital Vaccination record after being scanned by the SMART Health Card Verifier App.

People who were vaccinated in California can get a free digital COVID-19 Vaccination Record at [myvaccinerecord.cdph.ca.gov](https://myvaccinerecord.cdph.ca.gov).

## CDC Vaccination Record Card

**COVID-19 Vaccination Record Card**

Please keep this record card, which includes medical information about the vaccines you have received.  
 Por favor, guarde esta tarjeta de registro, que incluye información médica sobre las vacunas que ha recibido.

**SMITH** Last Name  
**JANE** First Name  
 01/01/1960 Date of birth  
 00123456 Patient number (medical record or IIS record number)

Vaccine	Product Name/Manufacturer Lot Number	Date	Healthcare Professional or Clinic Site
1 <sup>st</sup> Dose COVID-19	MODERNA   PEZIZER J+J 000A01B	03/03/2021	S a
2 <sup>nd</sup> Dose COVID-19	MODERNA   PEZIZER 001B00A	03/17/2021	S b
Other			
Other			

## Healthvana



## WHO (World Health Organization) Vaccination Record Card

**INTERNATIONAL CERTIFICATE OF VACCINATION OR PROPHYLAXIS**

**CERTIFICAT INTERNATIONAL DE VACCINATION OU DE PROPHYLAXIS**

Name: **Paul Jones**  
 Birthdate: **23 May 1968**  
 Sex: **Male**  
 Nationality: **British**  
 Signature: **A. Wan**

**EXAMPLE**

Vaccine or prophylaxis	Date	Signature and official stamp of registering clinician	Manufacturer of vaccine or prophylaxis	Lot number	Country of origin of vaccine or prophylaxis	Official stamp of the administering center
Rubellomyelitis	11 June 2014	A N Other RGN	Sanofi Pasteur MSD	1234-5	11 June 2014	Practice of UK FVC Stamp
Covid-19			Moderna	000A01B	3-3-21	a
Covid-19			Moderna	000A01B	3-17-21	b

## California Immunization Registry (CAIR2) Vaccination Record

**IMMUNIZATION RECORD**  
**Comprobante de Inmunización**

Name: **John Doe**  
 Birthdate: **05/04/1964**  
 Sex: **Male**

Allergies: \_\_\_\_\_  
 Vaccine Reactions: \_\_\_\_\_  
 History of Chickenpox: **No**  
 Date Printed: **06/09/2021**

RETAIN THIS DOCUMENT - CONSERVE ESTE DOCUMENTO