



Acceptable Proofs of Vaccine



Front

Back

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.

Last Name _____ First Name _____ MI _____
 Date of birth _____ Patient number (medical record or IIS record number) _____

Vaccine	Product Name/Manufacturer Lot Number	Date	Healthcare Professional or Clinic Site
1 st Dose COVID-19		mm / dd / yy	
2 nd Dose COVID-19		mm / dd / yy	
Other		mm / dd / yy	
Other		mm / dd / yy	

Reminder! Return for a second dose!
 ¡Recordatorio! ¡Regrese para la segunda dosis!

Vaccine	Date / Fecha
COVID-19 vaccine Vacuna contra el COVID-19	mm / dd / yy
Other Otra	mm / dd / yy

Bring this vaccination record to every vaccination or medical visit. Check with your health care provider to make sure you are not missing any doses of routinely recommended vaccines.
 Lleve este registro de vacunación a cada cita médica o de vacunación. Consulte con su proveedor de atención médica para asegurarse de que no le falte ninguna dosis de las vacunas recomendadas.

For more information about COVID-19 and COVID-19 vaccine, visit [cdc.gov/coronavirus/2019-ncov/index.html](https://www.cdc.gov/coronavirus/2019-ncov/index.html).
 Para obtener más información sobre el COVID-19 y la vacuna contra el COVID-19, visite [espanol.cdc.gov/coronavirus/2019-ncov/index.html](https://www.cdc.gov/coronavirus/2019-ncov/index.html).

You can report possible adverse reactions following COVID-19 vaccination to the Vaccine Adverse Event Reporting System (VAERS) at [vaers.hhs.gov](https://www.vaers.hhs.gov).
 Puede notificar las posibles reacciones adversas después de la vacunación contra el COVID-19 al Sistema de Notificación de Reacciones Adversas a las Vacunas (VAERS) en [vaers.hhs.gov](https://www.vaers.hhs.gov).

Covid-19 Vaccination Card

Quest Diagnostics Report Status: Final
TEST, SHELL RND

Patient Information	Specimen Information	Client Information
TEST, SHELL RND ← Your Name DOB: 03/28/1970 AGE: 50 Gender: F Fasting: N Phone: NG Patient ID: NG	Specimen: WD052071A Requisition: 0200612 Collected: 04/08/2020 / 03:00 PDT Received: 04/08/2020 / 09:11 PDT Reported: 04/08/2020 / 14:09 PDT ← Dates Documented	Client #: 97502840 MAIL000 TEST CLIENT (HQ) MET Attn: ATTN: TEST DEPARTMENT 8401 FALLBROOK AVE FL 99 CANOGA PARK, CA 91304-3226

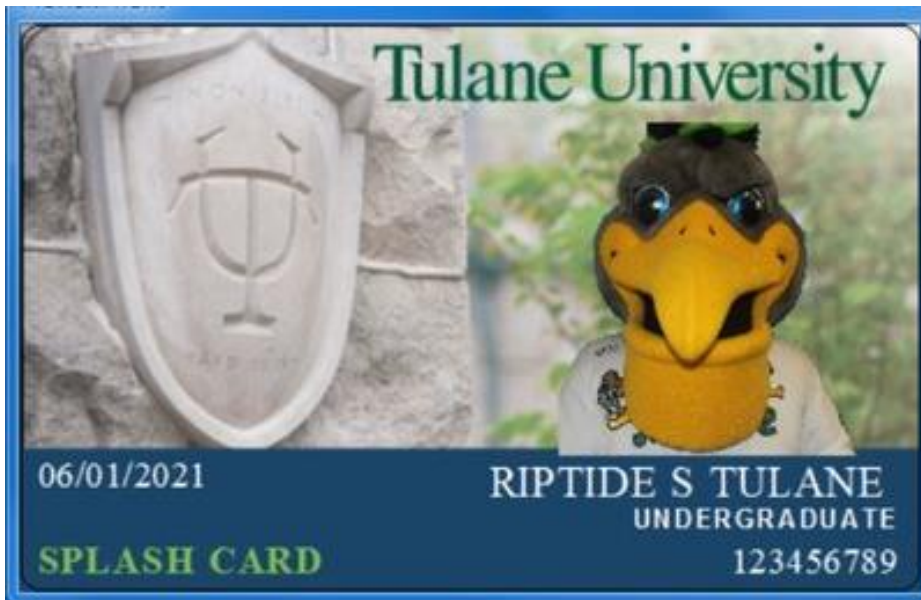
Test Name
 SARS CoV 2 RNA(COVID 19), QUALITATIVE NAAT

In Range	Out Of Range	Reference Range	Lab AMD
Not Detected	← Your Results	Not Detected	

SARS CoV 2 RNA:

A Not Detected (negative) test result for this test means that SARS-CoV-2 RNA was not present in the specimen above the limit of detection. A negative result does not rule out the possibility of COVID-19 and should not be used as the sole basis for treatment or patient management.

Negative Covid-19 Test within 72 Hours



Splash Card



Covid-19 Vaccination Card via LA Wallet