KEEP EACH OTHER SAFE
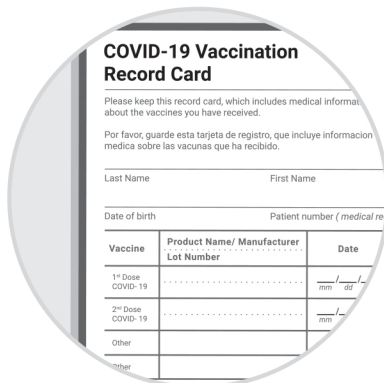
Valid forms of verification include:

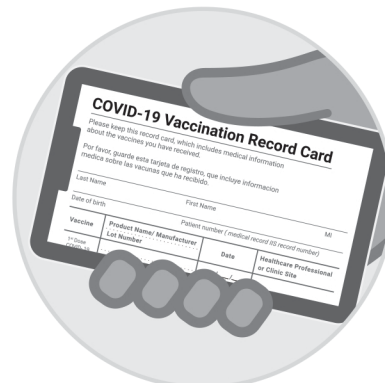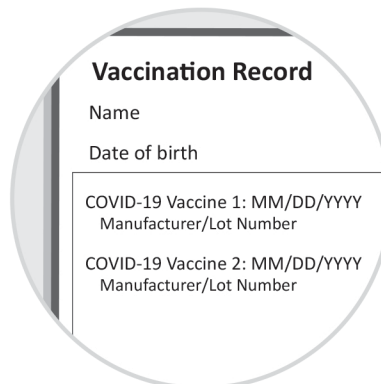### COVID-19 Vaccination Record Card

Please keep this record card, which includes medical information about the vaccines you have received.

Por favor, guarde esta tarjeta de registro, que incluye informacion medica sobre las vacunas que ha recibido.

Last Name   First Name

Date of birth   Patient number (medical re

Vaccine	Product Name/ Manufacturer Lot Number	Date
1st Dose COVID-19		/ / mm dd
2nd Dose COVID-19		/ mm
Other		
Other		

Vaccination 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 informacion medica sobre las vacunas que ha recibido.

Last Name   First Name

Date of birth   Patient number (medical record ID record number)   MI

Vaccine	Product Name/ Manufacturer Lot Number	Date	Healthcare Professional or Clinic Site
1st Dose			

Photo of vaccination card

Immunization History

COVID-19

05/18/2021
Moderna US, 000A00A

04/20/2021
Moderna US, 000A00B

MyIR Mobile

Digital record from MyIRMobile.com or other app

Vaccination Record

Name

Date of birth

COVID-19 Vaccine 1: MM/DD/YYYY
Manufacturer/Lot Number

COVID-19 Vaccine 2: MM/DD/YYYY
Manufacturer/Lot Number

Printed record from vaccine provider or MyIRmobile.com

COVID-19 Test Result

Name

Date of birth

SARS-C0V-2 (COVID-19) Qualitative PCR

SARS-C0V-2 (COVID-19) Qualitative PCR Result — None detected

SARS-C0V-2 (COVID-19) Qualitative PCR Interpretation — This is a negative test the presence of clini the Cobas (R) SARS https://testguid United States criteria a
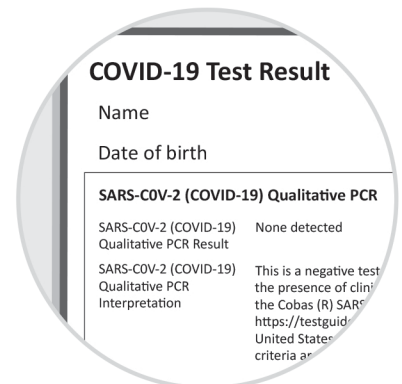
Negative COVID test taken in the last 72 hours

FOR MORE DETAILS:
KingCounty.gov/Verify

Public Health
Seattle & King County

QUESTIONS OR CONCERNS?
KingCounty.gov/Contact or 206-477-3977