




COACHELLA VALLEY
Keep it safe
Back it up!



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 _____ SSN _____

Date of Birth _____ Patient number (medical record or ID 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	
		mm / dd / yy	

**GET A
 FREE
 DIGITAL
 BACK-UP.**

Just in case something should happen to your paper record, it only takes a couple of minutes to create a digital record. Provide some basic information and create the PIN (personal identification number) of your choice. In return, you'll receive a QR code and a digital copy of your Vaccine Record.

Start here: <https://myvaccinerecord.cdph.ca.gov/>

DESERT OASIS
 HEALTHCARE

Your Health. Your Life. Our Passion.



Vaccinate ALL 58
 Together we can end the pandemic.