

CDC COVID-19 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.



Last Name _____ First Name _____ MI _____

Date of birth _____ Patient number (medical record or IIS record number) _____

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

State of Hawaii Safe Travels Application

Trips

[+ Add Trip](#)

Trip Origin and Destination

Trip Details



Hawaii Arrival Date [Redacted]
Traveling To Honolulu (HNL)
Flight Number [Redacted]
Airline [Redacted]
Traveler [Redacted]
Other Travel Party Members [Redacted]
Hawaii Departure Date [Redacted]
In Quarantine No
Last Day of Quarantine -NA-



Screened: Yes

Exemption/Exceptions



Exempt: Yes

[Redacted]

COVID-19 Vaccine

[View](#)

VAMS Report



Vaccine Administration
Management System

Certificate of COVID-19 Vaccination

This is to certify that Aloha Test Hawaii , date of birth January 01, 1950 , has on the date indicated been vaccinated against COVID-19.

Vaccination History:

VAMS ID: VAMS-116100568

| Date Administered | Product | Manufacturer | Lot Number | Clinic |
|-------------------|--------------------------|------------------|------------|-------------------|
| 8/2/2021 | Moderna COVID-19 Vaccine | Moderna US, Inc. | 008C21A | C and C POD - LCC |
| 8/31/2021 | Moderna COVID-19 Vaccine | Moderna US, Inc. | 002C21A | C and C POD - LCC |

State of Hawaii DOH Vaccination Record Report



**State of Hawaii
Department of Health
Immunization Branch**
1250 Punchbowl Street, 4th floor
Honolulu, Hawaii 96813
Telephone: (808) 586-8300

The State of Hawaii Department of Health, Immunization Branch's records shows that Name: Aloha Test Hawaii, DOB: 01/01/1950, received the following immunizations on the dates shown in the table below.

Certificate of COVID-19 Vaccination

This is to certify that Aloha Test Hawaii , date of birth January 01, 1950 , has on the date indicated been vaccinated against COVID-19.

Vaccination History:



VAMS ID: VAMS-116100568

| Date Administered | Product | Manufacturer | Lot Number | Clinic |
|-------------------|--------------------------|------------------|------------|-------------------|
| 8/2/2021 | Moderna COVID-19 Vaccine | Moderna US, Inc. | 008C21A | C and C POD - LCC |
| 8/31/2021 | Moderna COVID-19 Vaccine | Moderna US, Inc. | 002C21A | C and C POD - LCC |

For any questions regarding this record, please contact the State of Hawaii Department of Health, Immunization Branch.

State of Hawaii SMART Health Card QR Code

Verified Vaccination Documents

| Name | SMART health QR | Status | Verification Date |
|--------------|--|---|-------------------|
| Aloha Hawaii |  |  Vaccination Verified | 2021/09/07 |

State of Hawaii SMART Health Card Verification

< Verification result



Verified

- ✓ Valid SMART® Health Card
- ✓ Issuer verified

COVID-19 Vaccination Record



Name

Hawaii / Aloha

Date of Birth

//****

Always verify identity with a government-issued I.D.

Dose 1

Janssen Lot 123

01 Mar 2021

-

Issuer

State of Hawaii

CommonTrust Verified

Scan next vaccination record