

# Proof of Immunity for Jurisdictions Outside the European Union



Rialtas na hÉireann  
Government of Ireland

The EU Digital COVID Certificate will be available to fully immunised citizens within the EU and can be accepted for indoor hospitality. Businesses will be required to cross-check the name on the documentation with Photo ID\*

## UK Vaccination Letter

The UK verification letter or digital certificate from the NHS can be accepted for indoor hospitality. The business will be required to cross-check the name on the documentation with Photo ID\*

The letter will have information confirming that the person has had the required vaccine it will include:

- The NHS logo and a bar code
- The name of the person
- The type of vaccine received

AAAA-BBBB-CCCC-DDDD-EE

Your unique reference  
This is to confirm your COVID-19 vaccination record

NHS

Sample Name  
Sample Road  
Sample Town  
Sample County  
SA 2PL

17 May 2021

Coronavirus (COVID-19) vaccination confirmation: two doses received  
This document is important. Keep it safe. It proves that you have been vaccinated.

Name: **Name, Sample**  
Date of birth: **01 January 1946**

Your NHS record now shows you have received two doses of the COVID-19 vaccine AstraZeneca.

Dose 1		Dose 2	
Date	02 February 2021	Date	20 April 2021
Vaccine manufacturer	AstraZeneca AB	Vaccine manufacturer	AstraZeneca AB
Disease targeted	COVID-19	Disease targeted	COVID-19
Vaccine product	Vaxzevria	Vaccine product	Vaxzevria
Vaccine / prophylaxis	SARS-CoV-2 antigen	Vaccine / prophylaxis	SARS-CoV-2 antigen
Batch	XX XXXX XXXX	Batch	XX XXXX XXXX
Country of vaccination	GB	Country of vaccination	GB
Administering centre	University Hospital of Sample Town	Administering centre	University Hospital of Sample Town

Find out about COVID-19 symptoms, testing, vaccination and self-isolation on the NHS website: [www.nhs.uk/coronavirus](http://www.nhs.uk/coronavirus)

Data Protection: The Department for Health and Social Care is acting as the Data Controller and is responsible.

URN:LVCI01:GB:1626470218HDL9T87ZLNFE

Your unique reference  
This is to confirm your COVID-19 vaccination record

NHS SCOTLAND  
HSC GIG NHS

Name: **Jack Brown**  
Address: **Unit 15, Weavers Court Business Park, Linfield Road**  
Post Code: **BT12 5GH**

Coronavirus (COVID-19) vaccination confirmation: two doses received  
This document is important. Keep it safe. It proves that you have been vaccinated.

Name: **Jack Brown**  
Date of birth: **06/Sept/1982**

Your Department of Health record now shows you have received two doses of the COVID-19 vaccine COVID-19 Vaccine AstraZeneca vaccine

Date of Issue: **16/Jul/2021**  
Date of Expiry: **18/Oct/2021**

Dose 1 of 2		Dose 2 of 2	
Date	01/May/2021	Date	01/Jun/2021
Vaccine manufacturer	AstraZeneca AB	Vaccine manufacturer	AstraZeneca AB
Disease targeted	COVID-19	Disease targeted	COVID-19
Vaccine product	Vaxzevria	Vaccine product	Vaxzevria
Vaccine / prophylaxis	SARS-CoV-2 antigen va	Vaccine / prophylaxis	SARS-CoV-2 antigen va
Batch	123456	Batch	654321
Country of vaccinations	GB	Country of vaccinations	GB
Authority	Department of Health NI	Authority	Department of Health NI
Administering centre	Antrim Area Hospital	Administering centre	Antrim Area Hospital

Find out about COVID-19 symptoms, testing, vaccination and self-isolation on the HSC website: [www.covid-19.hscni.net](http://www.covid-19.hscni.net)

Data Protection: The Health and Social Care Board (HSCB) and Department of Health are acting as joint Data Controllers and are responsible for processing your personal data for the purposes of the COVID-19 Certification service. To find out more, you can access our Privacy Notice at <https://www.hscni.net/privacy-notice-covid-certification-service-and-your-data> or search for 'COVID 19 interim proof of vaccination document NI' in your website browser.

## Northern Ireland Vaccine Certificate

This certificate can be presented digitally or in paper format. The business will be required to cross-check the name on the documentation with Photo ID\*

- The name of the person
- The NHS logo and barcode
- Proof that the person is vaccinated

\*Acceptable forms of ID are Driving Licence, Passport or other Photo IDs



# CDC COVID Vaccination Card

The CDC's COVID-19 Vaccination Card is likely to be the primary proof of vaccination going forward within the United States of America, and is accepted across most states.

**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 h recibido

**Doe**  
Last Name

**Jane**  
First Name

MI

xx/xx/xx  
Date of birth

\_\_\_\_\_  
Patient number (medical record or IIS record number)

Vaccine	Product Name/Manufacturer Lot Number	3 Date	Healthcare Professional or Clinic Site
1 <sup>st</sup> Dose COVID-19	1 Pfizer 2 ABC1234 Exp. xx/xx/xx	xx/xx/xx/ mm dd yy	4 Javits Center 5 John Smith
2 <sup>nd</sup> Dose COVID-19	-----	____/____/____/ mm dd yy	
Other		____/____/____/ mm dd yy	
Other		____/____/____/ mm dd yy	

**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 h recibido

**Jane**  
Last Name

**Doe**  
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 <sup>st</sup> Dose COVID-19	-----	____/____/____/ mm dd yy	
2 <sup>nd</sup> Dose COVID-19	-----	____/____/____/ mm dd yy	



## New York State Excelsior Pass



## California Digital Pass



myvaccinerecord.cdph.ca.gov

Please fill out the required fields to receive a link to a QR code and digital copy of your COVID-19 vaccination record:

Required fields marked with \*

First name\* \_\_\_\_\_

Last name\* \_\_\_\_\_

Date of birth\* \_\_\_\_\_

Provide the cell phone or email used when you received your COVID-19 vaccine.

Cell Phone  Email

Cell Phone\* \_\_\_\_\_

Set a 4-digit PIN code to access your vaccine record. \*

\_\_\_\_ \_

**Note:** this code will not be sent to you, so please ensure you write down for future use.

### Personal Digital COVID-19 Vaccine Record

CA Gov State of California



#### Vaccination Information:

Name: John Smith  
DOB: 11/21/1990  
Dose #1 Date: 5/4/2021  
Dose #1 Type/Mfr.: Moderna  
Dose #2 Date: 7/9/2021  
Dose #2 Type/Mfr.: Moderna