

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

Sample Name
Sample Post
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

Data Protection: The Department for Health and Social Care is acting as the Data Controller and is 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://icovid-19.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.

URN:LVCI01:GB:1624702188HDL3T8TZLNE

Name: Jack Brown
Address: Unit 10, 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/Sep/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: 16/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

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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 st Dose COVID-19	1 Pfizer 2 ABC1234 Exp. xx/xx/xx	xx/xx/xx mm dd yy	4 Javits Center 5 John Smith
2 nd Dose COVID-19		mm dd yy	
Other		mm dd yy	
Other		mm dd yy	

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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 st Dose COVID-19		mm dd yy	
2 nd 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



Northern Ireland Vaccine Certificate

Don't forget your COVID-19 vaccination



Make sure you keep this record card with you

For more information on the
COVID-19 vaccination or what
to do after your vaccination, see
www.nidirect.gov.uk/covid-vaccine

COVID-19 immunisation
Protect yourself.



DoH

www.health-ni.gov.uk



**Health and
Social Care**