



## Digital COVID-19 Vaccine Record

Visit Site: <https://myvaccinerecord.cdph.ca.gov/>

Follow the instructions below to get a link to a QR code and digital copy of your COVID-19 vaccination record. If the site **cannot** retrieve your information, please follow the steps listed here to update your record.

1. Fill in your details First Name and last name and DOB either check cell or email enter a pin and hit submit.



### Digital COVID-19 Vaccine Record

Welcome to the Digital COVID-19 Vaccine Record portal. Just enter a few details below to get a link to a QR code and digital copy of your COVID-19 vaccination record. If you want to share your proof of vaccination, you can use either the electronic version you'll get from the portal or the card you were given at time of vaccination.

If you are a parent or guardian and have multiple vaccine records associated with a single cell phone number or email address, enter each digital vaccine record request separately.

The portal provides only a digital copy of your vaccine record. If you received your vaccinations from a federal agency (e.g., Department of Defense, Indian Health Services, or Veterans Affairs), you will need to reach out to those agencies for assistance with your vaccination record.

If you have questions about your Digital COVID-19 Vaccine Record, [visit our FAQ](#).

#### 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 a cell phone or email that may be associated with your vaccine record. If you fail to get a match using your cell phone, try again using your email address.

Cell Phone  Email

Cell Phone  Email

Cell Phone \*

(916) [REDACTED]

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

1 3 4 6

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

By checking this box, you are declaring under penalty of perjury under the laws of the State of California that you are the Patient or Parent/Guardian of the Patient and are therefore authorized to access the Patient's immunization record.

Submit



Digital COVID-19  
Vaccine Record

First name \*

[REDACTED]

Last name \*

[REDACTED]

Date of birth \*

[REDACTED]



Provide a cell phone or email that may be associated with your vaccine record. If you fail to get a match using your cell phone, try again using your email address.

Cell Phone  Email

Email \*

[REDACTED]@gmail.com

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

1 3 4 6

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

By checking this box, you are declaring under penalty of perjury under the laws of the State of California that you are the Patient or Parent/Guardian of the Patient and are therefore authorized to access the Patient's immunization record.

Submit

## Digital COVID-19 Vaccine Record Submission Receipt

Thank you.

Your submission has been received. If the information provided matches the vaccination registry, you will receive a link to access your COVID-19 vaccine record.

If you have questions about the Digital COVID-19 Vaccine Record, we have answers just [visit our FAQ](#).

2. Either you will get a link with your digital vaccine record. If not try email address the same way above.



Digital COVID-19  
Vaccine Record

### Digital COVID-19 Vaccine Record

You recently requested a digital COVID-19 vaccine record from [MyVaccineRecord.CDPH.ca.gov](https://MyVaccineRecord.CDPH.ca.gov). Unfortunately, the information you provided does not match information in our system. You can [submit another request](#) with a different phone number or email address, or you can contact the [CDPH COVID-19 Virtual Assistant](#) for help in matching your record to your contact information.

#### Have questions?

[Visit our FAQ page](#) to learn more about your Digital COVID-19 Vaccine Record.

#### Stay informed.

[View the latest information](#) on COVID-19 in California.

3. If your record is not found go here to manually submit your information. [CDPH COVID-19 Virtual Assistant](https://chat.myturn.ca.gov/) or <https://chat.myturn.ca.gov/> in the Chat window on the bottom right yes "Chat With Us"

The screenshot shows a web browser window with the URL [chat.myturn.ca.gov/?id=17](https://chat.myturn.ca.gov/?id=17). The page features the California Department of Public Health and My Turn logos. The main content area is titled "COVID-19 Vaccination Support" and includes the following text:

Every vaccination counts in the fight against COVID-19, and the vaccines are now available to everyone age 12 and up. Have questions? Our Virtual Assistant is here with answers about the COVID-19 vaccine and California's vaccination program.

**Need more help?**  
Call the California COVID-19 hotline at 1-833-422-4255 from 8AM - 8PM Monday - Friday or 10AM - 8PM Saturday - Sunday.

On the right side, there is a "Chat with us" window. The chat message reads:

Hi, I'm the California Department of Public Health Virtual Assistant.

In an effort to ensure your COVID-19 vaccination records are up to date and complete, we would like to collect some information within this questionnaire. Please have a valid ID and your vaccination card or information ready. This should take approximately 5-10 minutes to complete.

**Please note: Resolution of your records may take up to 2-3 weeks.** Once resolved, you will receive a confirmation to the email address provided and you will be able to access your record through the DCCR Portal. However, please be advised that the quickest path to remediation may be to contact your provider directly to request that your record be updated. If you got vaccinated at a federal agency location, you will need to contact that agency directly for a copy of your records.

We **WILL NOT** ask for your Social Security Number, income, credit card information, passwords, or immigration status. Information you share is kept confidential by California's strict privacy laws.

4. Answer the questions and Submit your name email details.



Select which scenario below applies to you:

Please note, under California law, it is required for a parent or legal guardian to complete this questionnaire for someone under 18 years of age, unless they are an emancipated minor at least 16 years of age.

I am submitting on behalf of myself

I certify that I am at least 18 years of age, or an emancipated minor at least 16 years of age

I am submitting on behalf of a minor

I am submitting on behalf of someone else (18+)

**Continue**

17 Aug - 12:13 PM



Please select which option is applicable:

**The record was not found in the Digital COVID-19 Vaccine Record portal**

First Name\*

[Redacted]

Last Name\*

[Redacted]

Mobile Contact Number\*

916-[Redacted]

Email\*

[Redacted]@gmail.com

I do not have an email address

Date of Birth\*(e.g. MM/DD/YYYY)

[Redacted]

Street Address\*

[Redacted]

ZIP Code\*(e.g. 94201)

[Redacted]

**Submit & Continue**

5. We have found that providing this extra information has helped get the vaccine record straight much quicker and its quick. It is optional

## Chat with us

Street Address\*

[Redacted]

ZIP Code\*(e.g. 94201)

95691

**Submit & Continue**

17 Aug - 12:13 PM



Thanks for providing the contact information.

Next, if you have a few more minutes to spare, we'd like to collect some information about the COVID-19 vaccination appointment(s). Providing this information is optional, but may help us better locate and correct the records.

Would you like to provide details regarding the COVID-19 vaccination appointment(s)?

**Yes**

**No**

**Yes**

**No**

17 Aug - 12:42 PM

**Yes**



17 Aug - 12:48 PM



Please select which vaccine brand you, or the person you're responding on behalf of, received.

Pfizer/BioNTech

**Moderna**

Johnson & Johnson(Janssen) - One Dose

**Continue**

6. Enter Vaccine details.



**FIRST DOSE VACCINATION INFORMATION**

Please provide the following details about the **first dose (1st)** of the Moderna vaccine.

Vaccination Date\*

01/12/2021



Clinic Name\*

Remedy Rx Pharmacy

Clinic Address

1420 E Roseville Pkwy #130

City

Roseville

State\*

California



Submit & Continue

Skip to next step



**SECOND DOSE VACCINATION INFORMATION**

Please provide the following details about the **second dose (2nd)** of the Moderna vaccine.

**My 2nd dose clinic information is the same as my 1st dose**

Vaccination Date\*

02/12/2021



Clinic Name\*

Remedy Rx Pharmacy

Clinic Address

Enter clinic address

City

Enter city

State\*

California



Submit & Continue

Skip to next step

7. Its easy to do this on your phone aswell Take a picture of your vaccine card and upload it, and then also your Drivers License.

Clinic Address

Enter clinic address

City

Rsoeville

State\*

California

Submit & Continue

Skip to next step

17 Aug - 12:56 PM



(Optional) Please upload a photo (JPEG, PNG, or PDF of 5MB max) of the front of the CDC vaccination card.

Choose File

Submit & Continue

I don't have my vaccination card

17 Aug - 1:10 PM



Thank you for completing this questionnaire! We may contact you for additional information.

You will be notified of our findings and remediation actions within 2-3 weeks. Thank you for your patience. Once the process is completed and your record updated, you will receive a confirmation at the contact number provided and then be able to access your record through the DCVR Portal.

17 Aug - 1:17 PM

17 Aug - 1:02 PM



Thank you for providing the information above.

In order to authenticate you, please upload a photo (JPEG, PNG, or PDF of 5MB max) of the front of a valid driver's license or government-issued ID.

If you would like to submit more than one photo ID, you may do so below. Click the "+" button below to submit up to 5 files.

If you are assisting someone over 18 and responding on their behalf, please upload their government-issued ID at this step.

If you, or the person you are responding on behalf of, do not have a valid government-issued ID, click 'Other forms of ID' to see additional documents you can submit as proof of identity.

Choose File

Other forms of ID

Submit & Continue