

CALIFORNIA DEPARTMENT OF PUBLIC HEALTH ORDER **REQUIREMENTS FOR VISITORS IN HOSPITAL PERMITTED ONLY IN ACCORDANCE WITH THIS ORDER**

Effective Midnight – August 10, 2021

Antelope Valley Hospital **MUST VERIFY** either:

1. Visitors are fully vaccinated; OR
2. For unvaccinated or partially vaccinated visitors, verified documentation of a negative SARS-CoV-2 test within 72-hours.

The following are the **ONLY APPROVED** modes of verifying vaccination:

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: _____ M

Date of Birth: _____ Patient number (medical record or IIS record number): _____

	Product Name/Manufacturer Lot Number	Date	Healthcare Professional or Clinic Site
COVID-19	1 st Dose	mm / do yy	
COVID-19	2 nd Dose	mm / do yy	
Other	mm / do yy	
Other	mm / do yy	

INTERNATIONAL CERTIFICATE OF VACCINATION OR PROPHYLAXIS
 AS APPROVED BY
 THE WORLD HEALTH ORGANIZATION
CERTIFICAT INTERNATIONAL DE VACCINATION OU DE PROPHYLAXIE
 APPROUVE PAR
 L'ORGANISATION MONDIALE DE LA SANTE

TRAVELER'S NAME-NOM DU VOYAGEUR

ADDRESS-ADRESSE (Number-Numéro) (Street-Rue)
 (City-Ville)
 (Country-Département) (State-État)

DEPARTMENT OF HEALTH AND HUMAN SERVICES
 CENTERS FOR DISEASE CONTROL AND PREVENTION
 CDC 731 (formerly PHS-731)

Digital COVID-19 Vaccine Record

Personal Digital COVID-19 Vaccine Record

State of California

QR Code

Vaccination Information:
 Name: _____
 DOB: (YYMMDD) _____
 Dose # (Type/Manufacturer) _____
 Dose # Date: (YYMMDD) _____
 Dose # Type/Manufacturer: _____

1. **COVID-19 Vaccination Record Card** (white card) issued by DHHS or World Health Organization (WHO yellow card) which includes name of person vaccinated, type of vaccine provided and date last dose administered; OR
2. A photo of a Vaccination Record Card as a separate document; OR
3. A photo of the client's Vaccination Record Card stored on a phone or electronic device; OR
4. Documentation of COVID-19 vaccination from a healthcare provider; OR
5. Digital record that includes a QR code that when scanned by a SMART Health Card reader displays to the reader client name, date of birth, vaccine dates and vaccine type.

All Visitors – REGARDLESS OF VACCINATION STATUS OR TEST RESULT MUST:

1. Wear a well-fitting **face mask** – **SURGICAL MASK OR DOUBLE MASKING** upon entry to the hospital
2. Wear any other **personal protective equipment (PPE)** hospital personnel deem appropriate to the situation while in the patient's room; **AND**
3. **Physically distance**, at all times, from healthcare personnel and other patients / residents / visitors that are not part of their group

Failure to comply with the above guidelines
will result in dismissal from the facility.