

COVID-19 Vaccination Replacement Card Request

To request a replacement COVID-19 vaccination card for yourself or your child, please complete all information below. A Parent/Guardian must also complete the bottom portion of the form for a recipient 17 years and younger.

First Name: _____ Last Name: _____

Date of Birth (MM/DD/YYYY): _____

Physical Mailing Address:

Address Line 1: _____

Address Line 2: _____

City, State, Zip: _____

Name of vaccination facility (i.e. Express Care, Kanawha/Charleston Health Department, Ruby Memorial Hospital): _____

Vaccine Type (Choose One):

Vaccination Date (MM/DD/YYYY):

- Jansen (Johnson and Johnson)
- Moderna
- Pfizer

First Dose: _____

Second Dose: _____

- By checking this box and submitting this form to the Bureau for Public Health, I affirm that I am the individual for whom vaccination information is requested.

- By checking this box and submitting this form to the Bureau for Public Health, I affirm that I am the legal guardian or parent for the individual whose vaccination information I have requested. (See Below)

Minor Vaccine Recipients:

If the above Vaccine Recipient is under the age of 18, a Parent/Guardian will need to complete the below section.

Print Parent/Guardian Name:

Parent/Guardian Physical Mailing Address:

Address: _____

City: _____

State: _____

Zip Code: _____

If you are unable to submit this document, you can email it directly to Carolyn.J.Smith@wv.gov with **Replacement Card** as the Subject.