

Covid-19 Vaccination Record Card Replacement Request Form

Please complete and submit the vaccine record card request form using the following instructions:

- 1) One form must be completed for each individual requesting a new card.
- 2) Complete form on line, save a copy and submit the copy as an attachment to kchcovidvaccine@hsc.org. OR
- 3) Print a copy, complete the form manually then:
 - a. Drop it off at Kona Community Hospital to the COVID Vaccine Registration & Record Card Request Box at the Screener Station adjacent to Registration and Radiation Oncology.
 - b. Scan it and email it as an attachment to kchcovidvaccine@hsc.org.

KCH schedulers will retrieve your vaccine information from the Vaccine Administration Management System (VAMS) and create a new record card. **We will accommodate requests for vaccine record cards for the Pfizer vaccine only.**

You'll receive a replacement vaccine record card in the mail within 2 – 4 weeks.

~ Kona Community Hospital Staff

Covid-19 Vaccination Record Card Replacement Request Form

Please Print Clearly

Legal First Name:

Legal Middle Name:

Legal Last Name:

Date of Birth:

Email (unique):

Contact Phone Number:

Mailing Address: