



## CITY OF BURBANK PROOF OF VACCINATION CERTIFICATION

Name:	
Board, Commission, or Committee:	
Contact number and email:	
Date:	

Please indicate which proof of vaccination document is attached to this certification form:

- A screen shot of the digital vaccination record.  
Please note that digital vaccination records are available at <https://myvaccinerecord.cdph.ca.gov/>.
- A photo or copy of the CDC COVID-19 vaccination record card.
- Copy of documentation from healthcare provider.

I certify that I have been vaccinated against COVID-19 using a vaccine with US FDA Emergency Use Authorization or full Licensure and that at least two weeks or more have passed since I received the second dose in a two-dose vaccine series or after I received a single-dose vaccine. I further certify that the copy of the documentation I have provide is a true and complete copy and that I have not falsified or altered in any way the documentation or copy thereof.

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Board, Commission, or Committee Member signature

Date