

Proof of full vaccination guide for businesses and organizations

October 4, 2021

Effective October 4, 2021, people are required by law to show proof that they are fully vaccinated to participate in discretionary, non-essential events and activities where people gather together.

Businesses and organizations hosting these events and activities are required to check your proof. They cannot allow people to participate if they do not show proof of full vaccination.

This guide is intended to help businesses and organizations properly check proof of full vaccination. It does not give all the details that are contained in the [COVID-19 Protocol for Proof of Full Vaccination for Events and Activities](#). Businesses and organizations need to review the entire protocol to fully understand their requirements.

WHERE IS PROOF OF FULL VACCINATION REQUIRED?

Proof of full vaccination is required for discretionary, non-essential events and activities such as eating restaurants, going to the gym, or going to a movie, theatre performance, concert or sporting event. It is not required for essential, non-discretionary activities and services such as grocery stores, pharmacies, healthcare and more. See a [complete list online](#).

HOW TO CHECK PROOF OF FULL VACCINATION

People can show either a paper version of their proof of vaccination or a digital version on their phone or other device.

Original records are acceptable, as well as clear photos, screenshots and photocopies. Some records have a QR (quick read) code that you can scan with a smartphone or other device to see the required information.

At minimum, a record must show all the following information to demonstrate proof of full vaccination:

- the person's name
- the brand(s) of vaccine received (such as Moderna, Pfizer, etc)
- an indication that all required doses for that brand of vaccine were received
- the date when the final dose was received

Step 1 – Check age

Unless it is obvious, you need to ask if the person or if anyone in a group is 12 or older.

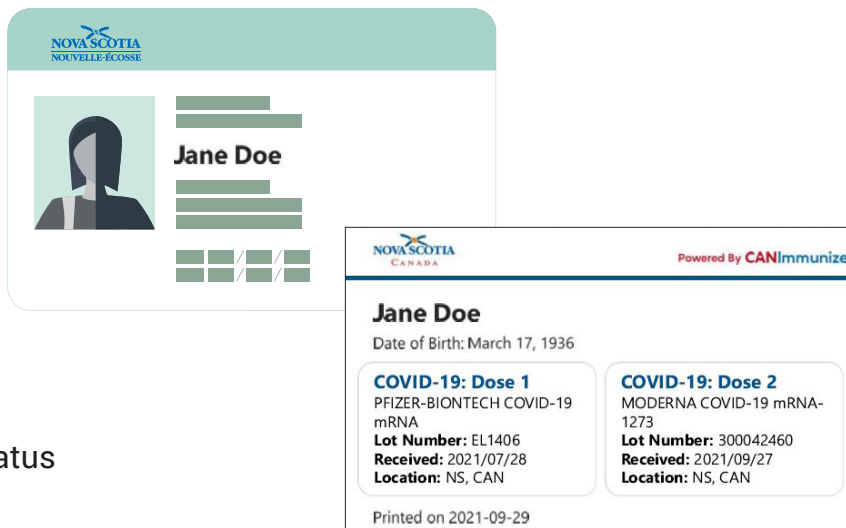
People who are 12 and older need to show proof of full vaccination unless:

- they have an exception letter for a medical reason
- they have an exception letter because they are in a clinical trial for COVID-19 vaccine
- they turned 12 between January 1 and October 4, 2021 (they have until December 31, 2021 to get vaccinated)
- they turned 12 after October 4, 2021 (they have 3 months from their birthday to get vaccinated)
- they are 13 to 18 and have proof that they received 1 dose of vaccine. They can start participating in sport, recreation, arts and culture programming and have until November 9 to show proof of full vaccination
- they turned 19 on or after September 14 and have proof that they received 1 dose of vaccine. They can start participating in sport, recreation, arts and culture programming and have until November 9 to show proof of full vaccination

Step 2 – Check name on proof of full vaccination and ID

Check the name on the proof of vaccination document against the person's ID. Acceptable forms of ID include:

- drivers license
- passport
- government issued ID card
- health card
- birth certificate
- student card
- Secure Certificate of Indian Status



Original ID records are acceptable in card, paper and digital formats, as well as clear photos, screenshots and photocopies.

In cases where a person's identity is already known (i.e. where they have an existing membership such as gyms or they are already registered as participants in an activity such as recreation programs), valid ID is not required.

Step 3 – Check brand of vaccine and doses received

Check the brand of vaccine and the number of doses on the proof of vaccination.

Most COVID-19 vaccines require 2 doses. Some people have one brand for their first dose and another brand for their second dose. You need to check that the person got 2 doses of these vaccines.

The following combinations are all acceptable in Nova Scotia:

- Pfizer + Pfizer
- Moderna + Moderna
- Pfizer + Moderna
- AstraZeneca + AstraZeneca
- AstraZeneca + Pfizer

- AstraZeneca + Moderna
- Sinovac + Sinovac
- Sinopharm + Sinopharm
- Sinovac + Sinopharm

Some countries have given a 1-dose vaccine that is acceptable in Nova Scotia:

- Janssen/Johnson&Johnson

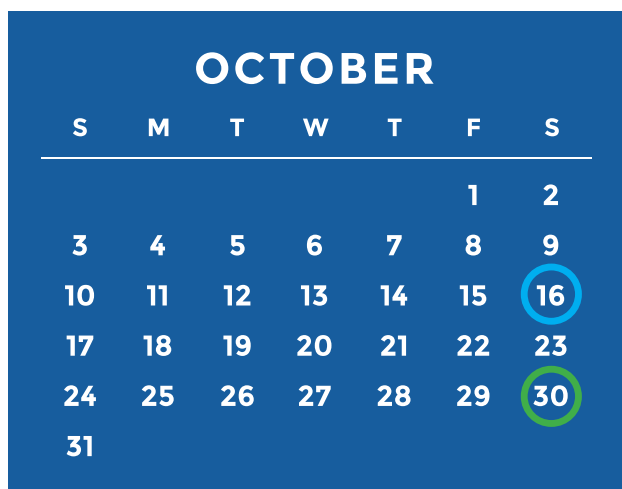
NOTE: Some people may have extra doses of vaccine beyond the list of combinations above. These extra doses are not required for proof of full vaccination but it is ok if their records show these extra doses.

Step 5 – Check date of second/final dose

Check the date of the second/final dose on the proof of vaccination document.

Check the calendar for the date 14 days before today's date. People needed to get their second/final dose on that date or earlier to participate in an event or activity that's happening today.

For example, if someone wants to participate in an event or activity on October 30, they need to get their second dose no later than October 16.



○ Second dose date ○ Event date

Vaccine names

To date, most COVID-19 vaccines have been referred to by their manufacturers' names. Recently, manufacturers released brand names for their vaccines. We refer to the manufacturers' names in this guide, but you may see these brand names on some people's proof of vaccination and they are acceptable:

- Moderna manufactures Spikevax
- Pfizer-BioNTech manufactures Comirnaty
- AstraZeneca manufactures Vaxzevria and COVIDSHIELD

NOTE: When proof of vaccination from other countries is in a language you don't understand, you still may be able to identify and understand the date of the second dose. If you don't understand any of the required information, you may need to trust the person about what their record says.

Step 6 – Get consent to keep a record

If you want to keep a record that the person has shown their proof of vaccination, you need to get their consent. It is best to get their consent in writing. A standard consent form is available in Appendix B.

If they give consent, you are allowed to keep a record of the fact that they have shown their proof of vaccination. This may mean that they do not need to show their proof every time they come to your business or organization – you can just refer to your records.

If they do not give consent, you cannot keep any record about their vaccination status. That means you cannot put them on a list of people who have shown their proof of vaccination. You cannot put a checkmark or symbol by their name on a paper or electronic list. You cannot keep a list of people who have not shown proof. Unless you have a method of keeping track that does not identify a person's vaccination status, you will need to see their proof every time they come to your business or organization.

WHAT DO PROOF OF VACCINATION AND EXCEPTION LETTERS LOOK LIKE

Nova Scotia COVID-19 proof of vaccination

The COVID-19 proof of vaccination that Nova Scotia issues looks like these. All these formats are acceptable. The one with the QR (quick read) code is available starting October 1 and is preferred:

Below you can find a summary of your COVID-19 vaccination record.

Jane Doe

Date of Birth: March 17, 1936

Received Vaccinations

COVID-19
PFIZER-BIONTECH COVID-19 mRNA
Lot Number: EL1406
Received on July 28, 2021
Dose: 1
Province of vaccination: Nova Scotia
Country of vaccination: Canada

COVID-19
MODERNA COVID-19 mRNA-1273
Lot Number: 300042460
Received on September 27, 2021
Dose: 2
Province of vaccination: Nova Scotia
Country of vaccination: Canada

NOVA SCOTIA
Canada

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Jane Doe
Date of Birth: March 17, 1936


COVID-19: Dose 1 PFIZER-BIONTECH COVID-19 mRNA Lot Number: EL1406 Received: 2021/07/28 Location: NS, CAN	COVID-19: Dose 2 MODERNA COVID-19 mRNA-1273 Lot Number: 300042460 Received: 2021/09/27 Location: NS, CAN
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Printed on 2021-09-29

Issuing Province / Territory
Province / Territoire de délivrance
NOVA SCOTIA

Country of Issuance
Pays d'émission
Canada

Name / Nom : Doe, Jane
Date of birth / Date de naissance : 17 MAR / MARS 1936
SMART Health Cards QR Code / Code QR de la carte Santé SMART



Vaccines administered / Vaccins reçus : 2

Date : 27 SEP / SEPT 2021
Product / Produit : MODERNA COVID-19 mRNA-1273
Lot : 300042460

Date : 28 JUL / JUIL 2021
Product / Produit : PFIZER-BIONTECH COVID-19 VACCINE mRNA
Lot : EL1406

Proof of vaccination from other jurisdictions

In Appendix A, you can see samples of what proof of vaccination records look like from Canadian provinces and territories, the United States and the United Kingdom. There are also samples of records for people vaccinated through the Canadian Department of National Defence.

Exception letters

People who have a medical exception need to present a Valid Medical Contraindication for COVID-19 Vaccination letter instead of proof of full vaccination. The letter will include:

- The Nova Scotia logo with the Department of Health and Wellness identifier
- The patient's name three times throughout the document
- The physician or nurse practitioner's signature and the date
- The physician or nurse practitioner's name printed along with their credentials and the date

People who are participating in clinical trials for COVID-19 vaccines need to present an Exception from COVID-19 Proof of Vaccination Policy letter instead of proof of full vaccination. The letter will include:

- The Nova Scotia logo with the Department of Health and Wellness identifier
- The participant's name two times throughout the document
- The name of the clinical trial
- Signature of Dr. Robert Strang, chief medical officer of health for Nova Scotia, and the date
- Signature of the lead researcher(s) for the clinical trial and the date

VaxCheckNS

Starting October 22, you will be able to download VaxCheckNS from the App Store and Google Play. It is a free QR code scanner app for smartphones and other devices. It will scan a paper or digital version the Nova Scotia COVID-19 proof of vaccination.

VaxCheckNS will produce a green "confirmed" or a red "sorry" response instead of showing the person's entire proof of vaccination. Other QR code scanners are not recommended. See the proof of full vaccination protocol [HYPERLINK](#) for more details.]

:

APPENDIX A – Proof of vaccination records for Canadian provinces and territories

We have assembled the best samples available to us from Canadian provinces and territories, the Canadian Department of Defence, the United States and the United Kingdom. Names have been removed to protect people's privacy. The poor quality of some samples is unavoidable at this time.

Immunization Record Samples

Alberta

COVID-19 Immunization Record

First Name: Jane
Last Name: Alberta
Birthdate: March 15, 1990
Gender: Female

The information in this report is provided as of September 07, 2021 06:29 PM.

Date Administered	Vaccine Name	Description	Source
July 15, 2021	COVID-19 BNT162b2 - mRNA	Pfizer/BioNTech	Government of Alberta - Provincial Immunization Repository
May 01, 2021	COVID-19 BNT162b2 - mRNA	Pfizer/BioNTech	Government of Alberta - Provincial Immunization Repository

MyHealth Records is a service from Alberta Health
All information contained in this report is privileged and confidential information intended for use by authorized individuals only.

Page 1 of 1

Electronic Record

Alberta

COVID-19 Client Immunization Record and Care After Immunization

Keep this document as your personal immunization record.

Immunization Record

Last Name: _____ First Name: _____ Middle Initial: _____

Date of Birth (dd-Mon-yyyy): _____ Date of COVID-19 Immunization (dd-Mon-yyyy): _____

☒ You need 2 doses of COVID-19 vaccine. Dose: ☒ 1 of 1 ☐ 1 of 2 ☐ 2 of 2
Your next dose is due in: ☒ 3-14 weeks

☐ You are complete.

Vaccine (Manufacturer):
☐ Pfizer-BioNTech ☒ Moderna
☐ AstraZeneca/COVISHIELD ☐ Janssen

Lot Number: 3001945

Care After Immunization

Side Effects
Many people have no side effects from the COVID-19 vaccine. If you do have side effects, they tend to be mild and go away in a few days. Side effects may include:

- redness, warmth, swelling, bruising, itching or feeling sore where you had the needle
- feeling tired or unwell
- headache
- a fever or chills
- body aches or sore joints
- feeling sick to your stomach (nausea), vomiting (throwing up), or loose stool (diarrhea)
- swollen lymph nodes

Call Health Link at 811 to report any serious or unusual side effects. If you are calling from outside of Alberta, call 1-866-408-5485. It is rare to have a serious side effect.

Rare events after getting either the AstraZeneca/COVISHIELD or the Janssen vaccine
Between 4 and 28 days after getting either the AstraZeneca/COVISHIELD or the Janssen (Johnson and Johnson) vaccine, there have been very rare reports of blood clots, low levels of platelets (these help your blood to clot), and bleeding.

If you have any of the following symptoms, get medical help right away:

- shortness of breath
- chest pain
- leg swelling
- stomach pain that does not go away
- a severe headache that does not go away
- blurred vision
- bruising (other than where you had the needle)
- red or purple spots anywhere on your body
- bleeding (more easily than normal)

For more information about the COVID-19 vaccine, read the COVID-19 vaccine information sheet on www.immunizeAlberta.ca or talk to your healthcare provider.

See reverse for more information.
This material is for information purposes only. It should not be used in place of medical advice, instruction or treatment. If you have questions, talk to your doctor or appropriate healthcare provider.

21163 (Rev2021-04-02) Side A

Paper Record

COVID-19 Client Immunization Record and Care After Immunization

Keep this document as your personal immunization record.

Immunization Record

Last Name: _____ First Name: _____ Middle Initial: _____

Date of Birth (dd-Mon-yyyy): _____ Date of COVID-19 Immunization (dd-Mon-yyyy): _____

☒ You need 2 doses of COVID-19 vaccine. Dose: ☒ 1 of 1 ☐ 1 of 2 ☐ 2 of 2
Your next dose is due in: ☒ 3-14 weeks

☐ You are complete.

Vaccine (Manufacturer):
☐ Pfizer-BioNTech ☒ Moderna
☐ AstraZeneca/COVISHIELD ☐ Janssen

Lot Number: 3001945

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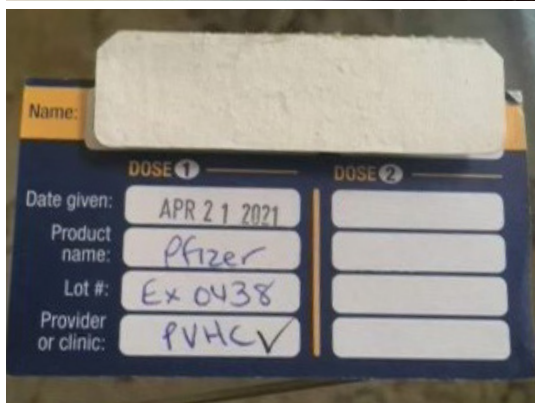
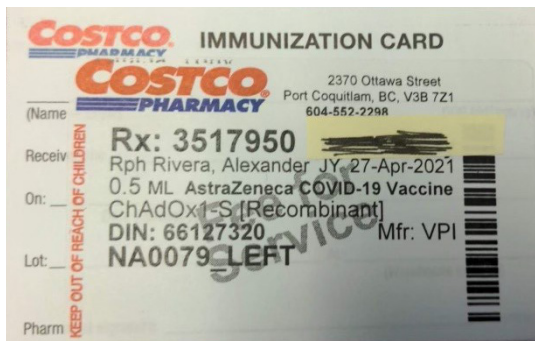
- shortness of breath
- chest pain
- leg swelling
- stomach pain that does not go away
- a severe headache that does not go away
- blurred vision
- bruising (other than where you had the needle)
- red or purple spots anywhere on your body
- bleeding (more easily than normal)

For more information about the COVID-19 vaccine, read the COVID-19 vaccine information sheet on www.immunizeAlberta.ca or talk to your healthcare provider.

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This material is for information purposes only. It should not be used in place of medical advice, instruction or treatment. If you have questions, talk to your doctor or appropriate healthcare provider.

21163 (Rev2021-04-02) Side B

British Columbia



Manitoba



New Brunswick

Record of COVID-19 Immunization
Keep this record in a safe place for your medical records.
If you are receiving a two-dose vaccine, be sure to have this record with you when you return for your second dose.

Things to remember

- Continue to follow the recommendations of local public health officials to prevent spread of COVID-19, which may include wearing a mask, staying at least 2 metres from others and limiting / avoiding contact with others outside your household.
- If this is the first dose of a two-dose vaccine, be sure to return for your second dose of the vaccine. Make an appointment or follow the instructions of the health care provider to ensure you receive the second dose at the right time.
- Keep this sheet or other immunization record in a safe place as you may be requested to present proof of COVID-19 immunization in the future.

Name of client: _____
Date of birth of client (YYYY-MM-DD): _____ Health card number: _____
Street address: _____ City: _____ Postal code: _____

Dose #	Date (YYYY-MM-DD) Time	Vaccine name	Dose (mL)	Lot number	Product expiry date	Site L/R	Given by (Immunizer name) (Clinic name)	Date next dose due
1								
2								N/A

March 16, 2021 For the latest information visit gnb.ca/covid19vaccine

Paper Record

Record of COVID-19 Immunization
Keep this record in a safe place for your medical records.
If you are receiving a two-dose vaccine, be sure to have this record with you when you return for your second dose.

Things to remember

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- If this is the first dose of a two-dose vaccine, be sure to return for your second dose of the vaccine. Make an appointment or follow the instructions of the health care provider to ensure you receive the second dose at the right time.
- Keep this sheet or other immunization record in a safe place as you may be requested to present proof of COVID-19 immunization in the future.

Name of client: _____
Date of birth of client (YYYY-MM-DD): 1988-07-03 Health card number: _____
Street address: _____ City: _____ Postal code: _____

Dose #	Date (YYYY-MM-DD) Time	Vaccine name	Dose (mL)	Lot number	Product expiry date	Site L/R	Given by (Immunizer name) (Clinic name)	Date next dose due
1	2021-05-26 5:30	Pfizer	0.3mL	FA 8721	21-09-30	Ⓢ	Cynthia Hamsey KC - New Brunswick	
2	2021-06-29 5:30	Pfizer	0.3mL	610578	10/21	Ⓢ	GB	N/A

Newfoundland and Labrador

Newfoundland and Labrador COVID-19 Vaccine After Care and IMMUNIZATION RECORD

Name of client: _____
Date of birth of client (YYYY-MM-DD): _____
Health card number / First Nations Status Card Number: _____

Reason for COVID-19 Vaccine:

- ☐ New infection
- ☐ Booster
- ☐ Second dose
- ☐ COVID-19
- ☐ Other

Dose #	Date (YYYY-MM-DD) Time	Lot Number	Site	Name and professional designation (Immunizer Name)
1	2021-05-14	Pfizer - B00188	Left Arm	
2				

After you receive the vaccine, you should:

- Wait for at least 15 minutes.
- Inform a health care provider at the clinic if you feel unwell.

Vaccine side effects can develop in the day or two after receiving the vaccine and will go away on their own. Some side effects may be more noticeable following the second dose of vaccine.

Common side effects include:

- Pain, tenderness, and swelling at the injection site (red, dark spots or raised bumps may help reduce any discomfort).
- Tiredness, headache, muscle pain, joint pain, nausea, vomiting, diarrhea, dizziness or loss of appetite.
- Swelling may last with arm and foot.
- Energy (may notice weakness) that last for several days.
- Increasing, decreased appetite, consistent vomiting, any rash or skin.

Serious side effects are rare but can include:

- Allergic reactions to the vaccine that are often very brief.
- Swelling of the face, tongue or throat.
- Difficulty breathing.

More serious effects are extremely rare and if symptoms develop after you leave the clinic, call 9-1-1. After business hours, the Healthline can be reached at 1-877-484-4844 (24 hours, 7 days a week).

Things to remember:

- Return for your second dose of the vaccine as advised by your health care provider. It is very important to receive the second dose for the vaccine to work well.
- Continue to follow the public health measures to prevent spread of COVID-19, such as wearing a mask, staying at least 2 metres from others and limiting social contacts.
- Wait 28 days after a dose of COVID-19 vaccine before receiving any other vaccine.
- If a prescription is needed to get pregnant for at least 28 days after the second dose of the vaccine.
- Bring your immunization record with you for the second dose and let your health care provider about any side effects you experienced after the first dose.
- Keep this sheet or other immunization record in a safe place. You can also download the CANImmunize app to help track this and other vaccines.

700106A001

Use of Moderna COVID-19 Vaccine is permitted under an interim authorization (delivered in accordance with section 1 of the COVID-19 Vaccine Order (CVO)). Patients should be advised of the nature of the authorization. The interim authorization is issued with terms and conditions that need to be met by the interim authorization holder in order to ensure the continued safety, efficacy and quality of the product. For further information on authorization order in pathway, please refer to Health Canada's Reporting the Importation, Sale and Advertising of Drugs for Use in Emergencies (CVO-19).

Moderna COVID-19 Vaccine (mRNA-1273 SARS-CoV-2 vaccine) is indicated for active immunization against Coronavirus disease 2019 (COVID-19) caused by the severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) virus in individuals 18 years of age and older.

* Available at Health Canada's www.canada.ca/en/health-canada.html

Moderna COVID-19 Vaccine 2nd Dose Appointment Reminder

Patient Name: _____
Date: April 22, 2021
Date: August 12, 2021 @ 1:10 PM
Lot number of 1st dose: 30021652
Lot number of 2nd dose: _____
If you are experiencing a side effect, tell your healthcare professional or call 1-800-MODERNA (1-800-644-6222), 24 hours, 7 days a week.

Please see the Product Monograph at <https://www.modernacovid19gib.com/covid-product-monograph.pdf>.

moderna
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CA-COV-200009-12/2021

COVID-19 Vaccine After Care and IMMUNIZATION RECORD

Name of client: _____
Date of birth of client (YYYY-MM-DD): _____
Health card number / First Nations Status Card Number: _____

Reason for COVID-19 Vaccine:

- ☐ New infection
- ☐ Booster
- ☐ Second dose
- ☐ COVID-19
- ☐ Other

Dose #	Date (Month/Year)	Lot number	Site	Name and professional designation (Immunizer Name)
1				
2				

After you receive the vaccine, you should:

- Wait for at least 15 minutes.
- Inform a health care provider at the clinic if you feel unwell.

Vaccine side effects can develop in the day or two after receiving the vaccine and will go away on their own. Some side effects may be more noticeable following the second dose of vaccine.

Common side effects include:

- Pain, tenderness, and swelling at the injection site (red, dark spots or raised bumps may help reduce any discomfort).
- Tiredness, headache, muscle pain, joint pain, nausea, vomiting, diarrhea, dizziness or loss of appetite.
- Swelling may last with arm and foot.
- Energy (may notice weakness) that last for several days.
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- Difficulty breathing.

More serious effects are extremely rare and if symptoms develop after you leave the clinic, call 9-1-1. After business hours, the Healthline can be reached at 1-877-484-4844 (24 hours, 7 days a week).

Things to remember:

- Return for your second dose of the vaccine as advised by your health care provider. It is very important to receive the second dose for the vaccine to work well.
- Continue to follow the public health measures to prevent spread of COVID-19, such as wearing a mask, staying at least 2 metres from others and limiting social contacts.
- Wait 28 days after a dose of COVID-19 vaccine before receiving any other vaccine.
- If a prescription is needed to get pregnant for at least 28 days after the second dose of the vaccine.
- Bring your immunization record with you for the second dose and let your health care provider about any side effects you experienced after the first dose.
- Keep this sheet or other immunization record in a safe place. You can also download the CANImmunize app to help track this and other vaccines.

March 16, 2021

Paper Record

Labrador – Voisey's Bay Worksite

the use of Moderna COVID-19 Vaccine is permitted under an interim authorization delivered in accordance with section 5 of the COVID-19 Interim Order (IO). Patients should be advised of the nature of the authorization. The interim authorization is associated with Terms and Conditions that need to be met by the Market Authorization Holder to ascertain the continued quality, safety and efficacy of the product. For further information on authorization under this pathway, please refer to Health Canada's IO Respecting the Importation, Sale and Advertising of Drugs for Use in Relation to COVID-19.

Moderna COVID-19 Vaccine (mRNA-1273 SARS-CoV-2 vaccine) is indicated for active immunization against coronavirus disease 2019 (COVID-19) caused by the severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) virus in individuals 18 years of age and older.

*Available at Health Canada at www.canada.ca/en/health-canada.html

Moderna COVID-19 Vaccine
2nd Dose Appointment Reminder

Patient Name: MacNeil, MacNeil

Date of 1st Dose: April 22, 2021

Date of Second Dose: August 12, 2021 @ 1:10 PM

Lot number of 1st Dose: 3001652

Lot number of 2nd Dose: _____

If you are experiencing a side effect, tell your healthcare professional or call:
1-866-MODERNA (1-866-663-3762), 24 hours, 7 days a week

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please see the Product Monograph at
<https://www.modernacovid19global.com/ca/product-monograph.pdf>.

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CA-COV-2000003 12/2020

Nova Scotia

NOVA SCOTIA
CANADA

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Your Nova Scotia COVID-19 Proof of Vaccination

Below you can find a summary of your COVID-19 vaccination record.

Jane Doe
Date of Birth: March 17, 1936

Received Vaccinations

COVID-19
PFIZER-BIONTECH COVID-19 mRNA
Lot Number: EL1406
Received on July 28, 2021
Dose: 1
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COVID-19
MODERNA COVID-19 mRNA-1273
Lot Number: 300042460
Received on September 27, 2021
Dose: 2
Province of vaccination: Nova Scotia
Country of vaccination: Canada

NOVA SCOTIA
CANADA

Powered By **CANImmunize**

Jane Doe
Date of Birth: March 17, 1936

COVID-19: Dose 1
PFIZER-BIONTECH COVID-19 mRNA
Lot Number: EL1406
Received: 2021/07/28
Location: NS, CAN

COVID-19: Dose 2
MODERNA COVID-19 mRNA-1273
Lot Number: 300042460
Received: 2021/09/27
Location: NS, CAN

Printed on 2021-09-29

Issuing Province / Territory
Province / Territoire de délivrance

Country of Issuance
Pays d'émission

NOVA SCOTIA
CANADA

Canada

Name / Nom: Doe, Jane
Date of birth / Date de naissance: 17 MAR / MARS 1936


SWART Health Card QR Code / Code QR de la carte Santé SWART

Vaccines administered / Vaccins reçus: 2

Date: 27 SEP / SEPT 2021
Product / Produit: MODERNA COVID-19 mRNA-1273
Lot: 300042460

Date: 28 JUL / JUIL 2021
Product / Produit: PFIZER-BIONTECH COVID-19 VACCINE mRNA
Lot: EL1406

Ontario

Ontario 


**Ministry of Health
Ministère de la Santé**

Name/Nom: _____
Health Card Number/Numéro de la carte Santé: _____
Date of Birth/Date de naissance: _____
Date/Date: _____
Agent/Agent: _____
Product Name/Nom du produit: _____
Diluent /Diluent: _____
Lot/Lot: _____
Dosage/Dosage: _____
Route/Voie: _____
Site/Site: _____
You have received 1 valid dose(s) / Vous avez reçu 1 dose(s) valide(s)
Vaccine Administered By/Vaccin Administré par: _____

Authorized Organization/Organisme agréé: _____
Note: Only valid doses are counted / Remarque: Seules les doses valides sont comptées

Please remain on the premises for the next 15 minutes for observation. You are free to leave the vaccination clinic at: _____
Veuillez rester sur place pendant les 15 prochaines minutes aux fins d'observation. Vous pouvez quitter la séance de vaccination à: _____

Paper Record

Ontario  **Ministry of Health
Ministère de la Santé**

COVID-19 vaccination receipt / Récépissé de vaccination contre la COVID-19

Identification / Identification
Name / Nom: _____
Health card number / Numéro de la carte Santé: _____
Date of birth / Date de naissance: _____

Vaccination / Vaccination
Date / Date: _____
Agent / Agent: COVID-19 mRNA
Product name / Nom du produit: PFIZER-BIONTECH COVID-19 VACCINE mRNA
Diluent product: PFIZER Chloride 0.9% Sodium Chloride
Lot / Lot: _____
Dosage / Dosage: 0.3ml
Route / Voie: Intramuscular / Intramusculaire
Site / Site: Left deltoid / Deltoïde gauche
You have received 1 valid dose(s) / Vous avez reçu 1 dose(s) valide(s)
Vaccine administered by / Vaccin administré par: _____
Authorized organization / Organisme agréé: _____
Registered Practical Nurse

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Paper Record


**Ministry of Health
Ministère de la Santé**

Name/Nom: _____
Health Card Number/Numéro de la carte Santé: #####
Date of Birth/Date de naissance: _____
Date/Date: 2021-05-08, 5:50 p.m.
Agent/Agent: COVID-19 mRNA
Product Name/Nom du produit: PFIZER-BIONTECH COVID-19 mRNA PB
Diluent Product: PFIZER Diluent 0.9% Sodium Chloride
Lot/Lot: EW0193
Dosage/Dosage: 0.3ml
Route/Voie: Intramuscular / intramusculaire
Site/Site: Left deltoid / deltoïde gauche
You have received 1 valid dose(s) / Vous avez reçu 1 dose(s) valide(s)
Vaccine Administered By/Vaccin Administré par: Abdul A, Medical Doctor
Authorized Organization/Organisme agréé: Trillium Health Partners
Your next dose is scheduled for/Votre prochaine dose est prévue pour _____

Note: Only valid doses are counted / Remarque: Seules les doses valides sont comptées

Please remain on the premises for the next 15 minutes for observation. You are free to leave the vaccination clinic at: 6:05 PM / Veuillez rester sur place pendant les 15 prochaines minutes aux fins d'observation. Vous pouvez quitter la séance de vaccination à: 6:05 PM.

Prince Edward Island

Health PEI  **Powered By CANImmunize**


My COVID-19 Immunization Record

Below you can find a summary of your COVID-19 vaccination record.

This is your official COVID-19 immunization record. Please ensure you print a copy and store it in a safe place for future personal use.

If you would like to report an error or correction to your information below, please call Health PEI toll-free at 1-844-975-3303.


LN, Cake Driver 1 Auto off
April 12, 1984

Received Vaccinations 

COVID-19
PFIZER-BIONTECH COVID-19 mRNA
Lot Number: EN1194
Received on June 16, 2021

COVID-19
PFIZER-BIONTECH COVID-19 mRNA
Lot Number: EP6775
Received on June 30, 2021

Electronic Record

Record of COVID-19 Immunization 

Name: terry test Date of Birth: 1975/11/11
Health Card #: 111 Gender: Female

Vaccine / Dose	Manufacturer / Vaccine / Lot	Date / Site Administered
Pfizer/BioNTech	Pfizer/BioNTech / Pfizer/BioNTech	2020-12-22 / QEH
Dose One	Lot #: Lot 10	
Pfizer/BioNTech	Pfizer/BioNTech / Pfizer/BioNTech	2020-12-22 / QEH
Dose Two	Lot #: Lot 10	

Paper Record

Quebec

COVID-19/VACCINATION

Name: _____ Date of birth: _____

Name of vaccine	Dose/route adm.	Date	Vaccinator's signature
<input type="checkbox"/> PB COVID-19			
<input type="checkbox"/> MOD COVID-19			
<input type="checkbox"/> JAN COVID-19			
<input type="checkbox"/> AZ COVID-19 (Covishield)	<input type="checkbox"/> 0,3 ml, IM	2021-	
<input type="checkbox"/> AZ COVID-19 (ChAdOx1-S)	<input type="checkbox"/> 0,5 ml, IM		
Other: _____			

VACCINATION CONTRE LA COVID-19

Nom: _____ Date de naissance: _____

Nom du vaccin	Dose/voie adm.	Date	Signature du vaccinateur
<input type="checkbox"/> PB COVID-19			
<input checked="" type="checkbox"/> MOD COVID-19			
<input type="checkbox"/> JAN COVID-19			
<input type="checkbox"/> AZ COVID-19 (Covishield)	<input type="checkbox"/> 0,3 ml, IM	2021-	
<input type="checkbox"/> AZ COVID-19 (ChAdOx1-S)	<input checked="" type="checkbox"/> 0,5 ml, IM	04 26	
Autre: _____			

2^e dose
13 Août 13h50

Paper Record

Processus de vaccination COVID-19 / Record of COVID-19 vaccination

Information sur l'individu / Individual Information

Nom / Name: _____ Date de naissance / Date of Birth: _____

Adresse / Address: _____

Signature du vaccinateur / Vaccinator's Signature: _____

Signature du patient / Patient's Signature: _____

Signature du pharmacien / Pharmacist's Signature: _____

Electronic Record

VACCINATION CONTRE LA COVID-19

Nom: _____ Date de naissance: _____

Nom du vaccin	Dose/voie adm.	Date	Signature du vaccinateur
<input type="checkbox"/> PB COVID-19			
<input checked="" type="checkbox"/> MOD COVID-19			
<input type="checkbox"/> JAN COVID-19			
<input type="checkbox"/> AZ COVID-19 (Covishield)	<input type="checkbox"/> 0,3 ml, IM	2021-	
<input type="checkbox"/> AZ COVID-19 (ChAdOx1-S)	<input checked="" type="checkbox"/> 0,5 ml, IM	04 26	
Autre: _____			

Claudia Maras
Infirmière auxiliaire
Permis 73497

2^e dose
13 Août 13h50

À découper et insérer dans votre carnet de vaccination

Saskatchewan

Immunization History

This record contains immunizations (also called vaccines) as recorded in Panorama, the Saskatchewan Immunization Registry, received in a person's lifetime. For example, immunizations received at a doctor's office, emergency room or private travel or public health may or may not be listed. If you have questions or concerns about your immunization record or for general info contact your local public health office.

Data source: ☒ Provincial ☐ Self entered

Date Range: All

Date	Vaccine	Provider	Location
May 19, 2021	COVID-19 Pfizer-BioNTech mRNA BNT162b2 - COVID-19 mRNA	Pharmacist Provider	PE54 - SHOPPERS DRUG MART NO. 2463 - 3014 MCCLOCKLIN RD - 4S3480
Mar 16, 2021	COVID-19 Pfizer-BioNTech mRNA BNT162b2 - COVID-19 mRNA	Pharmacist Provider	PE54 - SHOPPERS DRUG MART NO. 2463 - 3014 MCCLOCKLIN RD - 4S3480

Saskatchewan Health Authority

RECORD OF COVID-19 IMMUNIZATION

Name: _____

Immunization Date: _____

Date for 2nd Dose: _____

Vaccine Manufacturer: _____

HCW: Please report your immunization to OH&S.

Wallet-Size Card

MySaskHealthRecord

Immunizations

Date	Vaccine	Provider	Location	Source
2021-05-13	COVID-19 Pfizer-BioNTech mRNA BNT162b2 - COVID-19 mRNA		Regina - Evraz Hall C (Drive-Thru)	Provincial

Saskatchewan Health Authority

COVID-19 VACCINATION RECORD

Province of Saskatchewan, CANADA

Patient

Full Name: _____ Date: 27-Aug-2021 09:03 AM

Date of Birth: 12-May-2000

Age: 21 yrs

Vaccinations

Vaccination Date	Vaccine	Location	Source	Lot #
26-Jun-2021	COVID-19 Pfizer-BioNTech mRNA BNT162b2 - COVID-19 mRNA	Regina - Evraz Hall C (Drive-Thru)	Government of Saskatchewan	3002542
24-Jul-2021	COVID-19 Pfizer-BioNTech mRNA BNT162b2 - COVID-19 mRNA	Regina - Evraz Hall C (Drive-Thru)	Government of Saskatchewan	3003746

PLEASE NOTE:

This document contains COVID-19 immunizations as recorded in the Saskatchewan Immunization Registry. It reflects only vaccine information entered into the registry at the time the report was printed, and may not represent all vaccines received by the individual. PERSONAL HEALTH INFORMATION IS CONFIDENTIAL.

Electronic Record

Northwest Territories

Vaccination History: TESTING, FORTY Date of Birth: 12-Dec-1936

Physician: RESULTS ALBERTA, Territorial EMR, Phone Office: YK Primary Care (867)926-7777, Yellowknife, NT, Fax: EMail:

Vaccinations Administered:

Vaccine	Date	Route	Dose (mL)	Series #	Lot #	Injection Site	Reaction
MODERNA COVID-19 mRNA-1273	04 Mar 2021	IM - Intramuscular	0.5	1	300042722	Left Arm	None
	04 Jun 2021	IM - Intramuscular	0.5	1	300042722	Right Arm	None
Tetanus, diphtheria, acellular pertussis	07 Apr 2021	IM - Intramuscular	0.5	1	C4832AA	Left Deltoid	None

Paper Record


Immunization Card
Dáda ch'á xa dēne héhgor ts'í ʔereht'is

NTHSSA • ASTNO


Vaccine | Dáda ch'á náidí Vaccine húlye: Moderna COVID-19

1st dose | T'atthe náidí dēneghálchu: Jan 19, 2021

2nd dose | Ná ts'én náidí dēneghálchu: Feb 22, 2021

 **You have BOTH doses of the vaccine!**
Dáda ch'á xa náidí neghálchú xa hultágh xa dé ná ts'én neghálchu haʔg!

Nunavut

 **Moderna COVID-19 Vaccine**
(mRNA-1273 SARS-CoV-2 vaccine)


Building Nunavut Together
Nunavut tusisiginging
Báirín Nunavut ensemble

Last Name: 08/Dec/1960 First Name:

Date of Birth:

Vaccine	Date	Signature
1 st Dose	27 Jan 2021	[Signature]
2 nd Dose	24 Feb 2021	[Signature]

Please keep this card as a proof of your vaccination.


 **Pfizer-BioNTech COVID -19 Vaccine**
(mRNA - BNT162b2 SARS -CoV -2 vaccine)

Last Name: First Name:

Date of Birth:

Vaccine	Date	Signature
1 st Dose	/ /	
2 nd Dose	/ /	

Please keep this card as a proof of your vaccination.

 **Moderna COVID-19 Vaccine**
(mRNA-1273 SARS-CoV-2 vaccine)

Last Name: First Name:

Date of Birth:

Vaccine	Date	Signature
1 st Dose	/ /	
2 nd Dose	/ /	

Please keep this card as a proof of your vaccination.

Wallet-Size Card

COVID-19 Proof of vaccination / Preuve de vaccination contre la COVID-19

Issuing Province / Territory
Province / Territoire de délivrance

Country of issuance
Pays d'émission

Name / Nom : **CHARLIE, ZULU**

Date of birth / Date de naissance : **05 OCT / OCT 1999**

SMART Health Cards QR Code
Code QR de la carte Santé SMART

Vaccinations administered / Vaccins reçus : 2

Date : **25 JAN / JAN 2021**

Product / Produit : **Moderna mRNA-1273**

Lot : **3000409**

Date : **06 MAY / MAI 2021**

Product / Produit : **Moderna mRNA-1273**

Lot : **3001176**

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Yukon

Veuillez la conserver dans vos dossiers.
Il s'agit d'un registre officiel.
Pour en savoir plus sur la vaccination contre la
COVID-19, contactez votre fournisseur de soins de
santé ou visitez le yukon.ca/covid-19vaccine

COVID-19
Immunization Record

SAFETY

This is a permanent record. Keep in a safe place.
For more information about COVID-19 immunization, talk to
your health-care provider or visit yukon.ca/covid-19vaccine

Yukon

		Fournisseur ou clinique
		Lot n°
		Nom du vaccin
		Date d'incubation
Dose 2	Dose 1	Date
		MOM
NAME:		
Dose 1		Dose 2
Date given:		
Product name:		
Lot#:		
Provider or clinic:		

Canada

Temporary Identification Card
Carte d'identité temporaire

JOHN LO (6-08)

SPECIMEN

JOHN LO (6-08)

Born / Né(e) _____ Blood group / Groupe sanguin _____
 SN / NM _____
SPECIMEN *Cardie*

 Holder's Signature / Signature du titulaire _____
 If found, drop in any Canadian mailbox K1A 0K2 Si on trouve cette carte, la déposer dans une boîte à lettres canadienne K1A 0K2

USA

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 _____ MI _____
 Date of birth _____ Patient number (medical record or IIS record number) _____

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

UK

Don't forget your COVID-19 vaccination **NHS**

Make sure you keep this record card in your purse or wallet

For more information on the COVID-19 vaccination or what to do after your vaccination, see www.nhs.uk/covidvaccine

COVID-19 immunisation
Enjoy life. Protect yourself.

Name _____

1 Name of vaccine: *Hyzer Bio-Tech.*
Batch no: *ELO141* Date vaccine given: *24/12/20*

Don't forget to attend your appointment to have your second dose of vaccine. You will have the best protection after two doses.
Second appointment date: *14/1/21.*

2 Name of vaccine: _____
Batch no: _____ Date vaccine given: _____

People across Canada who received the Pfizer vaccine may have received this Pfizer record. It is acceptable as proof of vaccination in Nova Scotia:

To report an adverse event, please contact the Pfizer Safety Department by calling 1-866-723-7111 or by fax at 1-855-242-5652, or visit www.pfizersafetyreporting.com.

Pfizer-BioNTech COVID-19 Vaccine is indicated for active immunization to prevent coronavirus disease 2019 (COVID-19) caused by severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) in individuals 16 years of age and older.

Please see Pfizer-BioNTech COVID-19 Vaccine's Patient Medication Information to learn more about its warnings and precautions, contraindications and adverse events.

This vaccination dose reminder is distributed by Pfizer Canada ULC.



BIO NTECH

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Distributed for BioNTech Manufacturing GmbH, Am der Goldgrube
17, 55131 Mainz, Germany



PP-COV-19-001-EN

COMPLETE THE SERIES WITH YOUR 2ND DOSE

of Pfizer-BioNTech COVID-19 Vaccine*

Full name: _____

Batch/lot number: _____

Vaccination site: _____

1st dose: _____ 2nd dose: _____
(21 days after 1st dose)

*Individuals who have received one dose of Pfizer-BioNTech COVID-19 Vaccine should receive a second dose of Pfizer-BioNTech COVID-19 Vaccine to complete the vaccination series. As there are no data available on the interchangeability of Pfizer-BioNTech COVID-19 Vaccine with other COVID-19 vaccines to complete the vaccination series.

APPENDIX B - Consent form for recording vaccination status consent

Businesses and organizations can ask people to complete this form to give their consent to having their vaccination status recorded, such as on a list. People are not required to give their consent. If they do not give consent, you cannot keep a record of the fact that they showed (or did not show) their proof of full vaccination.

CONSENT

I, _____, hereby give _____

business/organization permission to collect and use my personal health information, specifically my COVID-19 vaccination status. This information will be used solely for the purpose of determining and verifying my eligibility to access and/or participate in non-essential services and activities in accordance with the COVID-19 Protocol for Proof of Full Vaccination for Events and Activities set out in the Nova Scotia Public Health Order, and will not be otherwise collected, used or disclosed without my approval.

I understand that, if I wish to withdraw this authorization, I may do so at any time by writing to the business/organization.

I have read and understood this form, and I have had the opportunity to ask questions and have had them answered to my satisfaction. By signing below, I consent to these terms.

Name: _____
(Please print) (Signature)

Address: _____

Date: _____