

COVID-19 NOVEL CORONAVIRUS

September 2021

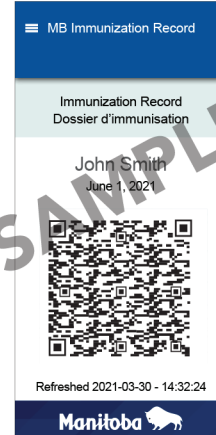
Provincial Immunization Record Samples



Manitoba

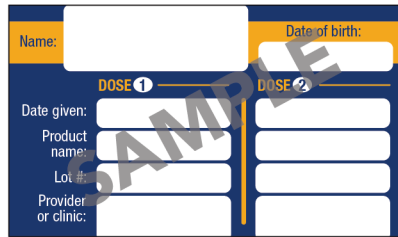
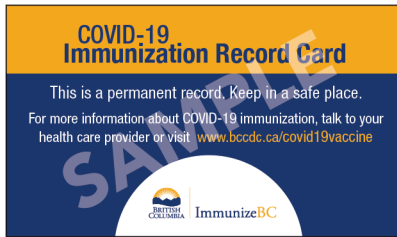


Wallet-Size Card



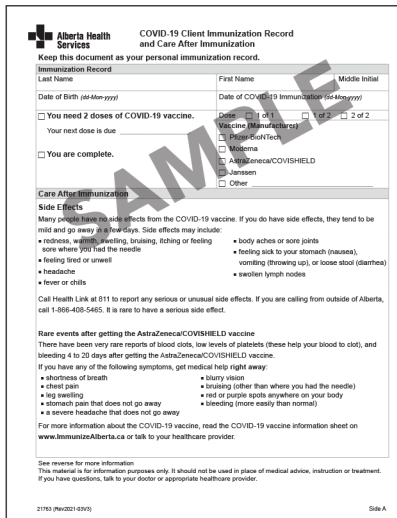
Online COVID-19 Record

British Columbia



Wallet-Size Card

Alberta



Paper Record

Saskatchewan

Saskatchewan COVID-19 VACCINATION RECORD
Province of Saskatchewan, CANADA

Patient

Full Name : [Lastname, Firstname] Date : 28-Jul-21 11:02:53 PM
Date of Birth : 18-May-2001
Age : 20yrs
MHN : 203020002

Vaccinations

Vaccination Date	Vaccin	Location	Source	Lot #
26-Jun-2021	COVID-19 mRNA - COVID-19 mRNA	IN7Tech mRNA BNT162B2 Regina - Evans Hall C (D-Inv-Thru)	Government of Saskatchewan	3002642
24-Jul-2021	COVID-19 Pfizer-BioNTech mRNA BNT162B2 - COVID-19 mRNA	Regina - Evans Hall C (D-Inv-Thru)	Government of Saskatchewan	3003746

PLEASE NOTE:
The document contains COVID-19 immunizations as recorded in the Saskatchewan Immunization Registry.
It reflects only vaccine information entered into the registry by the clinic the patient was present, and does not represent all vaccines received by the individual.
PERSONAL HEALTH INFORMATION IS CONFIDENTIAL.

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Paper Record

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/Product:
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:

Quebec

COVID-19 VACCINATION

Name: _____ Date of birth: _____ / month / day

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"/> 0,3 ml, IM	2021-	
<input type="checkbox"/> AZ COVID-19 (Covishield)	<input type="checkbox"/> 0,5 ml, IM	month day	
<input type="checkbox"/> AZ COVID-19 (Covaxion)			
<input type="checkbox"/> AZ COVID-19 (Covaxion-F-S)			
Autre: _____			

À découper et insérer dans votre carnet de vaccination

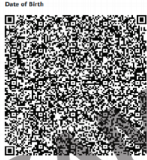
Paper Record

Province of Quebec

Preuve de vaccination COVID-19 / Proof of COVID-19 Vaccination

Informations sur l'utilisateur / User Information

Name / Nom: _____ Sexe / Gender: _____
Date of birth / Date de naissance: _____
Date of Birth: _____



Liste des vaccins administrés / List of Vaccines Administered

Vaccin / Vaccine	Lieu de vaccination / Vaccination location
Nom / Name: MOD COVID-19 C016 237 Lot: 3001652 Date: 2021-04-19 12:00:00 AM	PHARM JEAN-COUTU DAVID LAROUCHE ET YVY LYNN LE SAINT-LAURENT

Electronic COVID-19 Record

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 no./#	Lot number	Product expiry date	Site L/R	Given by (Immunizer name) (Last name)	Date next dose due
1								
2								NA

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

Paper Record

Nova Scotia

Where Created: NSHA

Client Immunization Record

Report as of Date/Time: 2021 Jun 16 14:19

Personal Information

Client ID: 0850 Health Card Number: 044658502
 Client Name: Storm, Sione Gender: Male
 Date of Birth: 1988 Mar 08

Immunization History


Immunizing Agent	Immunization Date
COVID-19 mRNA	2021 Jun 21
HB-regular	2021 Feb 04
MM2	2021 Jun 27

E - The date is estimated for this historical immunization.
 O - The status for this immunization has been overridden.
 X - Some or part of the vaccine did not meet local schedule.
 R - The dose number for this immunization has been revised.

Eligible: The client has reached or is past the eligibility date, but is not yet due for the immunization.

Created By: Jonathan Bishop, supervisor 18 Jun 2021 14:10:30 Confidential Page 1 of 1

Paper Record



Your Digital Immunization Record

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

Bart, Alyssa
 Received Vaccinations

COVID-19
 MODERNA COVID-19 mRNA-1273
 Lot Number: 300042460
 Received on March 5, 2021

Upcoming Vaccinations


Alyssa's next COVID-19 vaccination is scheduled for March 7, 2021.

COVID-19
 MODERNA COVID-19 mRNA-1273
 March 7, 2021

Electronic COVID-19 Record

Prince Edward Island

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 Dose One	Pfizer/BioNTech / Pfizer/BioNTech Lot #: Lot 10	2020-12-22 / QEH
Pfizer/BioNTech Dose Two	Pfizer/BioNTech / Pfizer/BioNTech Lot #: Lot 10	2020-12-22 / QEH

Paper Record

Newfoundland and Labrador

COVID-19 Vaccine After Care and IMMUNIZATION RECORD

Name of client: _____
 Date of Birth (month/day/year): _____
 Health card number / First Nations Status Card Number: _____

Record of COVID-19 Vaccine

Pfizer-BioNTech
 Moderna
 AstraZeneca
 COVISHIELD
 Other

Dose	Date Month/Day/Year	Lot number	Site	Given By Name and professional designation
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 experience:

Vaccine side effects can develop 24 to 48 hours after receiving the vaccine and will go away on their own. Some side effects may be more noticeable following the second dose of vaccine. The most common side effects include:

- Pain, tenderness, or swelling at the injection site (apply a cold or wrapped ice pack may help reduce any discomfort)
- Fatigue, headache, muscle pain, joint pain, chills, fever, sore throat, allergic reactions, dizziness, or lightheadedness
- Enlarged lymph nodes (swollen glands) (usually last for several days)
- Swelling, redness, or pain at the injection site (usually last for several days)

Severe side effects are extremely rare and if symptoms develop after you leave the clinic, call 9-1-1.

Severe side effects after vaccination should be reported by calling _____ after business hours, the Healthline can be reached at 811. It is important to always report serious or unexpected reactions to your health care provider.

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 avoiding social activities.
- Wait 28 days after a dose of COVID-19 vaccine before receiving any other vaccines.
- As a precaution, avoid flying or getting pregnant for at least 28 days after the second dose of the vaccine.
- Bring your immunization record with you for the second dose and tell your health care provider about any side effects you experienced after the first dose.
- Keep this sheet as other immunization record in a safe place. You can also download the [iMImmunize](#) app to keep track of this and other vaccines.

March 16, 2021

Paper Record

Nunavut

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

Last Name: _____
 First Name: _____
 Date of Birth: _____

Vaccine	Date	Signature
1st Dose	/ /	
2nd 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

Northwest Territories

Vaccination History: TESTING, FORTY Date of Birth: 12-Dec-1930

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

Vaccinations Administered:

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

Paper Record

Yukon

COVID-19 Immunization Record

Veuillez la conserver dans vos dossiers. Il s'agit d'un registre officiel.

Pour en savoir plus sur la vaccination contre COVID-19, contactez votre fournisseur de soins de santé ou visitez le yukon.ca/covid-19vaccine

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

FOURNISSEUR / PROVIDER OR CLINIC: _____

LOT N° / LOT #: _____

DATE D'INOCULATION / DATE GIVEN: _____

NO. / NO.:

DOSE 1

DOSE 2

NAME: _____

DOSE 1

DOSE 2

Date given: _____


Product name: _____

Lot#: _____

Provider or clinic: _____


Wallet-Size Card


Canadian Armed Forces

 National Défense nationale

Name _____


COVID19 Vaccine Record
Moderna COVID19 vaccine
Administered:
Dose#1 of #2 Lot# _____
R or L deltoid. Dose: 0.5ml IM
Signature: _____
SN _____



 Défense National
nationale Défense

This card is issued by the Canadian Armed Forces Health Service. Group. It does not replace your vaccination booklet (Livre d'immunisation Record) but can be used as a supplemental record. For more information about COVID-19 and the vaccine, contact your Health Services Centre.

Cette carte est émise par le Groupe des services de santé des Forces armées canadiennes. Elle ne remplace pas votre carnet de vaccination (Carnet de vaccination du voyageur) mais peut être utilisée comme dossier supplémentaire. Pour plus d'informations sur le COVID-19 et le vaccin, contactez votre centre de services de santé.

 canada.ca/coronavirus

Wallet-Size Card