Did You Know...

Some vaccines require multiple doses to best protect you

☐ You have 1 more dose, your next appointment is: ___________ Time: ___________ (yyyy/mm/dd)

☑ You have received all doses of the COVID-19 vaccine

Patient COVID-19 Vaccine Administration Record

COVID-19 VACCINATION
If applicable, your next appointment is: ___________

Time of administration: ___________ AM / PM

Dose administered: ___________

Route of administration: Intramuscular (IM)  

Site of administration: Deltoid: ☐ Right ☑ Left Other ________

Lot #: ___________ Expiry: ___________

Keep this record in a safe place with your other personal medical information.

COVID-19 VACCINATION

Time of administration: ___________ AM / PM

Dose administered: ___________ 3mL

Route of administration: Intramuscular (IM)

Site of administration: Deltoid: ☑ Right ☐ Left Other ________

Lot #: ___________ Expiry: ___________

Keep this record in a safe place with your other personal medical information.
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: 2021-06-23, 2:01 p.m. 

Agent-Agent: COVID-19 mRNA 

Product Name/Nom du produit: MODERNA COVID-19 mRNA-1273 

Diluent Product: Not Applicable / Ne s’applique pas 

Lot/Lot: 042D21A 

Dosage/Dosage: 0.5 ml 

Route/Voie: Intramuscular / intramusculaire 

Site/Site: Left deltid / deltoïde gauche 

You have received 2 valid dose(s) / Vous avez reçu 2 dose(s) valide(s) 

Vaccine Administered By/Vaccin Administré par: SHARMAINE ANNE G, Registered Nurse 

Authorized Organization/Organisme agréé: Ottawa Public Health Unit 

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: 2:16 PM / Veuillez rester sur place pendant les 15 prochaines minutes aux fins d'observation. Vous pouvez quitter la séance de vaccination à: 2:16 PM.
Proof of COVID-19 Vaccination

User Information

Name
Gender
Date of Birth

List of Vaccines Administered

<table>
<thead>
<tr>
<th>Vaccine</th>
<th>Vaccination location</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name: PB COVID-19</td>
<td>14 SITE DE VACCINATION</td>
</tr>
<tr>
<td>Code: 208</td>
<td></td>
</tr>
<tr>
<td>Lot: EW0221</td>
<td></td>
</tr>
<tr>
<td>Dose number: 2</td>
<td></td>
</tr>
<tr>
<td>Date: 2021-06-08</td>
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</tr>
</tbody>
</table>
RECORD OF COVID-19 IMMUNIZATION

Name: ____________________________
Immunization Date: ____________
Date for 2nd Dose: ____________________________
Vaccine Manufacturer: **Pfizer**

HCW: Please report your immunization to OH&S.

- For more information about Saskatchewan's COVID-19 program, go to: [saskatchewan.ca/COVID19](https://saskatchewan.ca/COVID19)
- Sign up for MySaskHealthRecord to see your immunization history online: [www.ehealthsask.ca/MySaskHealthRecord](https://www.ehealthsask.ca/MySaskHealthRecord)
- Immunization Record App available at [https://www.canimmunize.ca/en/home](https://www.canimmunize.ca/en/home)
COVID-19
Immunization Record

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