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

- Severe headache
- Chest pain or tightness
- Leg swelling
- Shortness of breath

If you have questions, talk to your doctor or appropriate healthcare provider.

See reverse for more information.
### Ontario

**Ministry of Health Ministère de la Santé**

**Name:** [Redacted]

**Date of Birth:** [Redacted]

**Product Name:** [Redacted]

**Dose:** [Redacted]

**Route:** [Redacted]

**Site:** [Redacted]

**Date:** [Redacted]

**Vaccine Administered:** [Redacted]

**Signature:** [Redacted]

**Note:** This record is for immunization against COVID-19.

### Quebec

**COVID-19 VACCINATION**

**Name:** [Redacted]

**Date of Birth:** [Redacted]

**Vaccine:**
- PB COVID-19
- MOD COVID-19
- JAN COVID-19
- AZ COVID-19 (Covishield)
- AZ COVID-19 (ChAdOx-1-S)

**Other:** [Redacted]

**Dose:** [Redacted]

**Route:** [Redacted]

**Date:** [Redacted]

**Signature:** [Redacted]

**Note:** This record is for immunization against COVID-19.

### New Brunswick

**Record of COVID-19 Immunization**

**Name:** [Redacted]

**Date of Birth:** [Redacted]

**Health Card Number:** [Redacted]

**Address:** [Redacted]

**Vaccine:**
- [Filling in details]

**Dose:** [Redacted]

**Route:** [Redacted]

**Date:** [Redacted]

**Signature:** [Redacted]

**Note:** This record is for immunization against COVID-19.

---

**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 avoid contact with others.
- If this is the first dose of a two-dose vaccine, be sure to return for your second dose.
- If you are receiving a two-dose vaccine, be sure to have this record with you when you return for your second dose.
- 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.
**Nova Scotia**

**Electronic COVID-19 Record**

Bart, Alyssa

Received Vaccinations

COVID-19
MODERNA COVID-19 mRNA-1273
Lot Number: 387050460
Received on March 5, 2021

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

**Prince Edward Island**

**Record of COVID-19 Immunization**

Name: [Name]
Date of Birth: 1975/11/11
Health Card #: [Health Card #]
Gender: Female

<table>
<thead>
<tr>
<th>Vaccine / Dose</th>
<th>Manufacturer / Vaccine / Lot</th>
<th>Date / Site Administered</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pfizer/BioNTech</td>
<td>Pfizer/BioNTech / Pfizer/BioNTech</td>
<td>2020-12-22 / QEH</td>
</tr>
<tr>
<td>Pfizer/BioNTech</td>
<td>Pfizer/BioNTech / Pfizer/BioNTech</td>
<td>2020-12-22 / QEH</td>
</tr>
</tbody>
</table>

**Newfoundland and Labrador**

**Record of COVID-19 Immunization**

Record of COVID-19 Vaccine

- Pfizer-BioNTech
- Moderna
- AstraZeneca
- COVISHIELD
- Janssen

**Dose Date**

- Month/day/year
- Lot number
- Site
- Given By

**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. The most common side effects include:**

- Pain, tenderness, and swelling at the injection site (a cool, damp cloth or wrapped ice pack may help relieve any discomfort).
- Tiredness, headache, muscle pain, joint pain, nausea, vomiting, diarrhea, chills or fever (acetaminophen or ibuprofen may help with pain and fever).
- Enlarged lymph nodes (swollen glands) that last for several days.
- Dizziness, decreased appetite, excessive sweating, itchy skin or rash

**Serious side effects are rare but can include:**

- Hives (bumps on the skin that are often very itchy)
- Swelling of the face, tongue or throat
- Difficulty breathing

**More severe effects are extremely rare and if symptoms develop after you leave the clinic, call 9-1-1.**

**Serious side effects after vaccination should be reported by calling:**

**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 vaccines.
- Avoid trying 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 tell 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 keep track of this and other vaccines.
Nunavut

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

Please keep this card as a proof of your vaccination

Vaccine: Pfizer-BioNTech COVID-19 Vaccine (mRNA-1273 SARS-CoV-2 vaccine)

First Name

Last Name

Date of Birth

Dose 1

Dose 2

Signature

Date

Paper Record

Northwest Territories

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

Please keep this card as a proof of your vaccination

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

First Name

Last Name

Date of Birth

Dose 1

Dose 2

Signature

Date

Paper Record

Yukon

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

Please keep this card as a proof of your vaccination

Vaccine: Pfizer-BioNTech COVID-19 Vaccine (mRNA-1273 SARS-CoV-2 vaccine)

First Name

Last Name

Date of Birth

Dose 1

Dose 2

Signature

Date

Wallet-Sized Card