

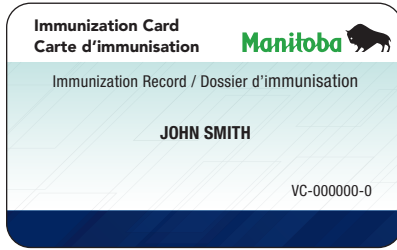
COVID-19 NOVEL CORONAVIRUS

July 2021

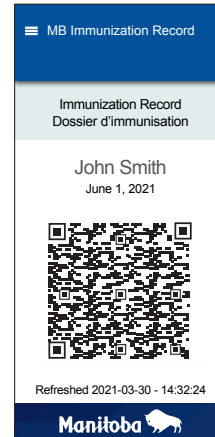
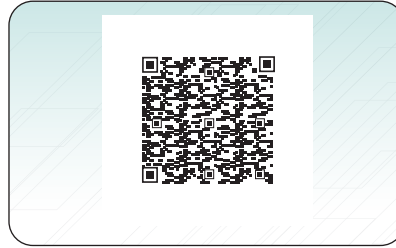
Provincial Immunization Record Samples

Manitoba 

Manitoba

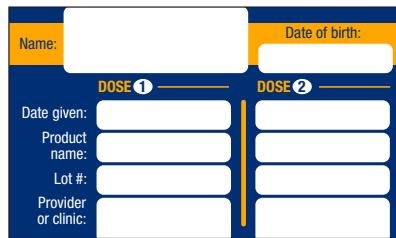
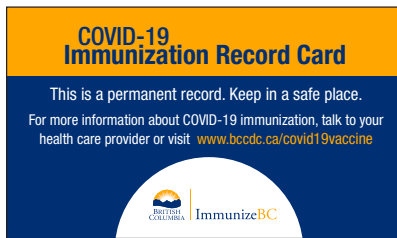


Wallet-Size Card



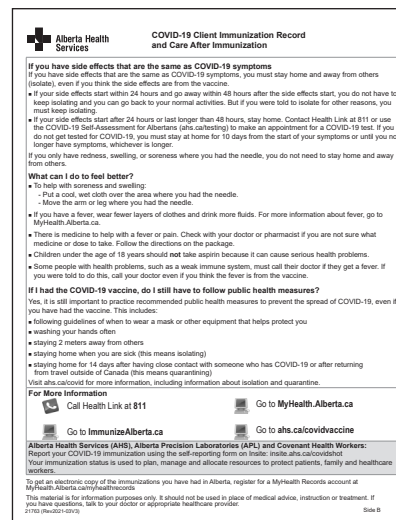
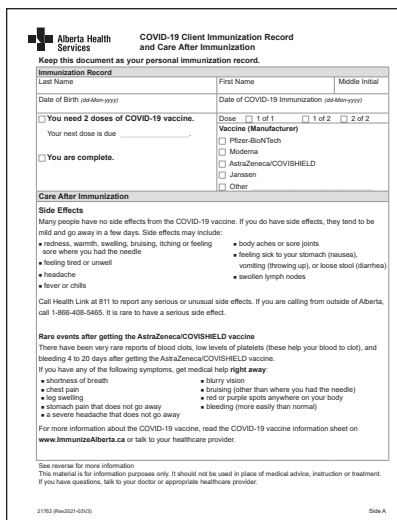
Online COVID-19 Record

British Columbia



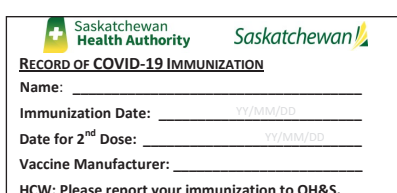
Wallet-Size Card

Alberta




Paper Record

Saskatchewan



Wallet-Size Card

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: ____/____/____

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	____/____/____	
<input type="checkbox"/> AZ COVID-19 (ChAdOx1-S)			
Other: _____			

Cut-out and insert in your vaccination 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 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	____/____/____	
<input type="checkbox"/> AZ COVID-19 (ChAdOx1-S)			
Autre: _____			

À découper et insérer dans votre carnet de vaccination

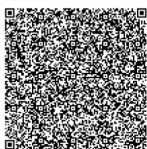
Paper Record

Province of Québec

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

Informations sur l'utilisateur / User Information

Nom / Name: Marc Goy
Sexe / Gender: Femme / Woman
Date de naissance / Date of Birth: 1938-12-12



Liste des vaccins administrés / List of Vaccines Administered

Vaccin / Vaccine	Lieu de vaccination / Vaccination location
Nom / Name: MOD COVID-19 Code: 207 Lot: 3001623 Date: 2021-04-19 12:00:00 AM	DE PHARM JEAN-COUTU DAVE LAROUCHE ET VY KY LINH LE (SAINT-LAURENT)
Nom / Name: MOD COVID-19 Code: 207 Lot: 3001623 Date: 2021-04-19 12:00:00 AM	DE PHARM JEAN-COUTU DAVE LAROUCHE ET VY KY LINH 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 (ml/0.5)	Lot number	Product expiry date	Site L/R	Given by (Immunizer name) (Date, name)	Date next dose due
1								
2								N/A

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

Paper Record

Nova Scotia

Where Created: NSHA

PANORAMA

Client Immunization Record

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

Client Information

Client ID	0693	Health Card Number	044658002
Client Name	Sturm, Snow	Gender	Male
Date of Birth	1988 Mar 08		

Immunization History


Immunizing Agent	2020 Dec 21	2021 Jan 27	Immunization Date
COVID-19 mRNA			
IPV-mening			
IPV-mening			
IPV-mening			

The date is scheduled for this historical immunization.
 The date for this immunization has been rescheduled.
 Some or part of the vaccine did not meet local schedule.
 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 Baines, supervisor 16 Jun 2021 14:19:30 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/year/day): _____

Health card number / First Nations Status Card Number: _____

Record of COVID-19 Vaccine

Pfizer-BioNTech
 Moderna
 AstraZeneca
 COVIDSHIELD
 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 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:

- Fatigue, headache, and swelling at the injection site (red, sore, itchy or raised) (or pain) may help relieve any discomfort).
- Tiredness, headache, muscle pain, joint pain, nausea, vomiting, diarrhea, chills or fever (paracetamol or ibuprofen may help with pain and fever).
- Enlarged lymph nodes (swollen glands) that last for several days.
- Illness, decreased appetite, weakness, sweating, dizziness or rash.

Serious side effects are very rare but can include:

- Weak (drop on the side that 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 _____ 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 limiting social contacts.
- Wait 28 days after a dose of COVID-19 vaccine before receiving any other vaccine.
- As a precaution, avoid taking aspirin 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 [COVID19mna](#) 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 SMR Phone Office:
YK Primary Care (867)920-7777 Fax:
Yellowknife, NT EMail:

Vaccinations Administered:

Vaccine	Date	Route	Dose(mL)	Series #	Lot #	Injection Site	Reaction
MODERNA COVID-19 mRNA-1273	04Mar2021	IM - Intramuscular	0.5	1	300042722	Left Arm	None
MODERNA COVID-19 mRNA-1273	04Jun2021	IM - Intramuscular	0.5	1	300042722	Right Arm	None
Tetanus, diphtheria, acellular pertussis	07Apr2021	IM - Intramuscular	0.5	1	C4832AA	Left Deltoid	None

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.

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.

Yukon

NAME: _____

Date given: _____

Product name: _____

Lot#: _____

Provider or clinic: _____

DOSE 1 DOSE 2

NON

Date d'injection: _____

Nom du vaccin: _____

Lot n°: _____

Fournisseur ou clinique: _____

Wallet-Size Card