

# 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.

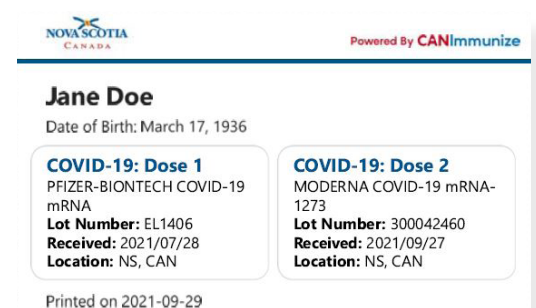
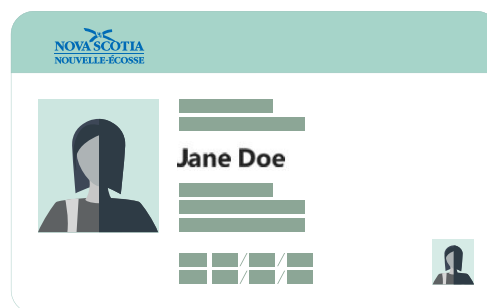
People who are 12 and older need to show proof of full vaccination unless:

- 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

## 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.

### 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

OCTOBER						
S	M	T	W	T	F	S
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30
31						



Second dose date



Event date

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.

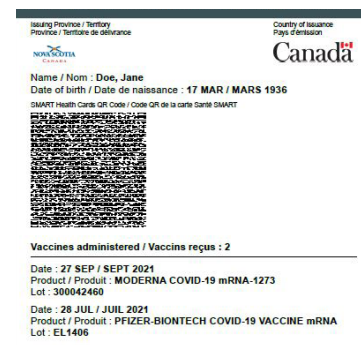
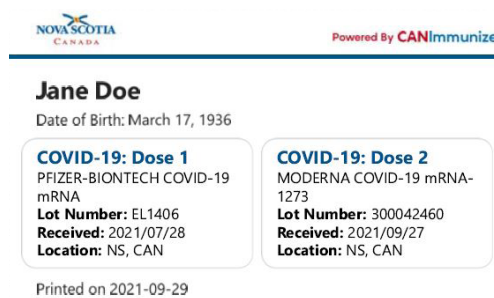
**Jane Doe**

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



## 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.

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. ☐ 1 of 1 ☐ 1 of 2 ☐ 2 of 2

Your next dose is due in: \_\_\_\_\_

☐ You are complete.

**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
- blurry 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](https://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.

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Date of Birth (dd-Mon-yyyy): \_\_\_\_\_ Date of COVID-19 Immunization (dd-Mon-yyyy): 15 - May - 2021

☒ You need 2 doses of COVID-19 vaccine. ☐ 1 of 1 ☒ 1 of 2 ☐ 2 of 2

Your next dose is due in: 3 - 16 weeks

☐ You are complete.

**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:

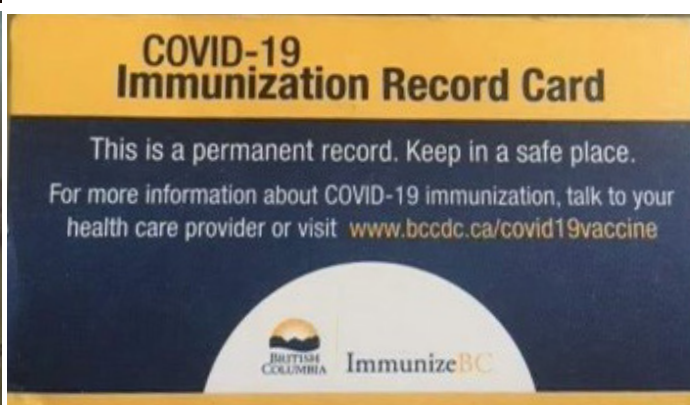
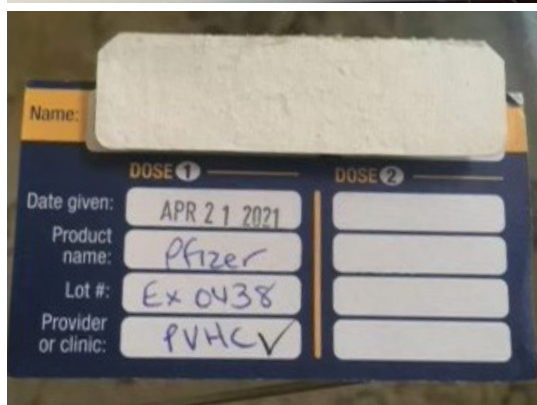
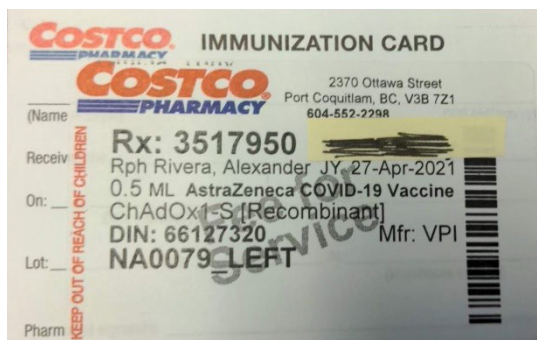
- shortness of breath
- chest pain
- leg swelling
- stomach pain that does not go away
- a severe headache that does not go away
- blurry vision
- bruising (other than where you had the needle)
- red or purple spots anywhere on your body
- bleeding (more easily than normal)

For more information about the COVID-19 vaccine, read the COVID-19 vaccine information sheet on [www.immunizeAlberta.ca](https://www.immunizeAlberta.ca) or talk to your healthcare provider.

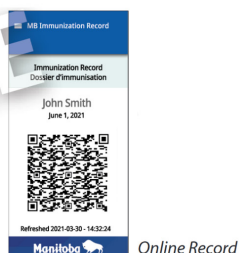
See reverse for more information.  
This material is for information purposes only. It should not be used in place of medical advice, instruction or treatment. If you have questions, talk to your doctor or appropriate healthcare provider.

21163 (Rev2021-04-02) Side A

## 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](http://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**

- 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): 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	2/09/30	Ⓢ	Cynthia Hanson 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 your 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 a bump 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 holder. Authorization holder is responsible for the continued safety, efficacy and quality of the product. For further information on authorization order in progress, 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](http://www.canada.ca/en/health-canada.html)

**Moderna COVID-19 Vaccine 2nd Dose Appointment Reminder**

First Name: \_\_\_\_\_  
Last Name: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_  
Health Card Number: 3001652

Appointment Date: April 22, 2021  
Appointment Time: 1:10 PM

Lot number of 1st dose: \_\_\_\_\_  
Lot number of 2nd dose: \_\_\_\_\_

If you are experiencing a side effect, tell your healthcare professional or call 1-888-MODERNA (1-888-644-6323), 24 hours, 7 days a week.

Please see the Product Monograph at <https://www.modernacovid19.ca/product-monograph.pdf>.

**moderna**  
© 2021 Moderna, Inc.  
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/Day/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 your 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 a bump 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.

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](http://www.canada.ca/en/health-canada.html)

---

**Moderna COVID-19 Vaccine**  
2nd Dose Appointment Reminder

Patient Name: MacNeil, Michael

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

**moderna**

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

**moderna**

© 2020 Moderna, Inc.  
CA-COV-2000003 12/2020

## Nova Scotia

**NOVA SCOTIA**  
CANADA

Powered By **CANImmunize**

**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  
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

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 (Diluent) 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

This document contains confidential information that is intended only for the named individual. Any unauthorized disclosure, copying, or distribution of the contents is strictly prohibited. Please see 2021-05-30.  
Ce document contient des renseignements confidentiels qui sont destinés uniquement à la personne nommée. Toute divulgation, copie ou distribution non autorisée de son contenu est strictement interdite. Révisé le 2021-05-30.

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<sup>e</sup> 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 de l'individu / Individual'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<sup>e</sup> 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 2<sup>nd</sup> 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: 21yrs

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 Aug 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

1<sup>st</sup> dose | T'atthe náidí dēneghálchu: Jan 19, 2021

2<sup>nd</sup> 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 tusisigisiging  
Báirín Nunavut ensemble

Last Name: 08/Dec/1960 First Name:

Date of Birth:

Vaccine	Date	Signature
1 <sup>st</sup> Dose	27 Jan 2021	[Signature]
2 <sup>nd</sup> 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 <sup>st</sup> Dose	/ /	
2 <sup>nd</sup> 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 <sup>st</sup> Dose	/ /	
2 <sup>nd</sup> Dose	/ /	

Please keep this card as a proof of your vaccination.

Wallet-Size Card

## Yukon

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

Issuing Province / Territory: Yukon Country of issuance: Canada  
Province / Territoire de délivrance: 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 / Vaccines reçus: 2  
Date: 25 JAN / JAN 2021  
Product / Produit: Moderna mRNA-1273  
Lot: 3000489

Date: 06 MAY / MAI 2021  
Product / Produit: Moderna mRNA-1273  
Lot: 3001176

This document contains confidential information that is intended only for use by the named individual or as authorized by law. Any unauthorized disclosure, copying, or distribution of the contents is strictly prohibited. Issued on 20210831. If this document is falsified, ensure the QR code is not created.  
Ce document contient des renseignements confidentiels qui sont destinés uniquement à l'usage de la personne nommée ou à l'usage autorisé par la loi. Toute divulgation, copie ou distribution non autorisée de son contenu est strictement interdite. Délivré le 20210831. Si ce document est falsifié, assurez-vous que le code QR ne soit pas créé.

Electronic Record

Yukon

COVID-19 Immunization Record

Carte de vaccination COVID-19

Veillez 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

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

Wallet-Size Card

Form fields for Name, Date, Lot #, and Provider/Clinic.

NAME: [ ]

DOSE 1 DOSE 2

Date given: [ ] [ ]

Product name: [ ] [ ]

Lot#: [ ] [ ]

Provider or clinic: [ ] [ ]

## Canadian Department of National Defence

Canada

Temporary Identification Card / Carte d'identité temporaire

NDI 10 (5-98)

IF PROVIDED, GROUP BY ANY COMMONALITY INCLUDING SEX, AGE

DATE OF BIRTH / DATE DE NAISSANCE

SEX / SEXE

HEIGHT / TAILLE

WEIGHT / POIDS

HAIR / CHEVEUX

EYES / YEUX

SCARS, AMPUTATIONS, BIRTHMARKS, TATTOOS, VISIBLE / CICCATRICES, AMPUTATIONS, TAQUEURS, TATOUAGES, VISIBLES

DATE AND UNIT OF DELIVERY / DATE ET UNITÉ DE LIVRAISON

SERIAL NO. / NO. SÉRIEL

012345

HOLDER'S SIGNATURE / SIGNATURE DU TITULAIRE

Temporary Identification Card NDI

Canada

Canadian Forces Identification Card / Carte d'identité des Forces canadiennes

NDI 20

Born / Né(e)

Blood group / Groupe sanguin

SN / NN

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

Canadian Forces Identification Card NDI

## 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 <sup>st</sup> Dose COVID-19		mm / dd / yy	
2 <sup>nd</sup> Dose COVID-19		mm / dd / yy	
Other		mm / dd / yy	
Other		mm / dd / yy	

## UK

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

**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](https://www.nhs.uk/covidvaccine)

**COVID-19 immunisation**  
Enjoy life. Protect yourself.

**Name** \_\_\_\_\_

**1** Name of vaccine: Hizer 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](http://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

© 2020 Pfizer Canada ULC, Kivikand, Quebec H8J 2H5  
Distributed for BioNTech Manufacturing GmbH, Am der Goldgrube  
17, 55131 Mainz, Germany



PP-COV-19-001-CH

## COMPLETE THE SERIES WITH YOUR 2<sup>ND</sup> DOSE

of Pfizer-BioNTech COVID-19 Vaccine\*

Full name: \_\_\_\_\_

Batch/lot number: \_\_\_\_\_

Vaccination site: \_\_\_\_\_

1<sup>st</sup> dose: \_\_\_\_\_ 2<sup>nd</sup> dose: \_\_\_\_\_  
(21 days after 1<sup>st</sup> 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: \_\_\_\_\_