

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.

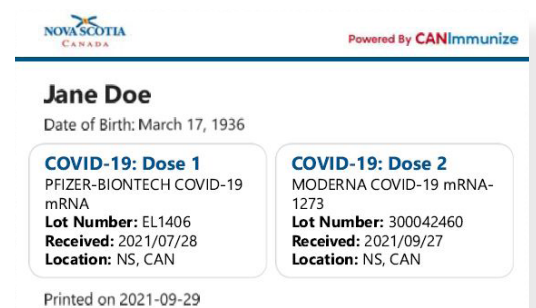
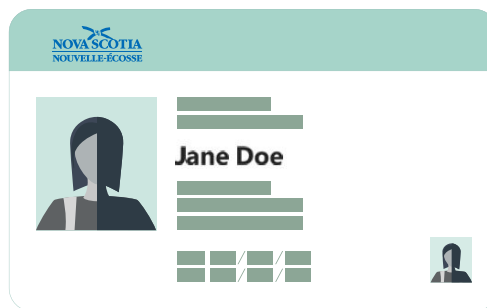
People who are 12 and older need to show proof of full vaccination unless:

- 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.

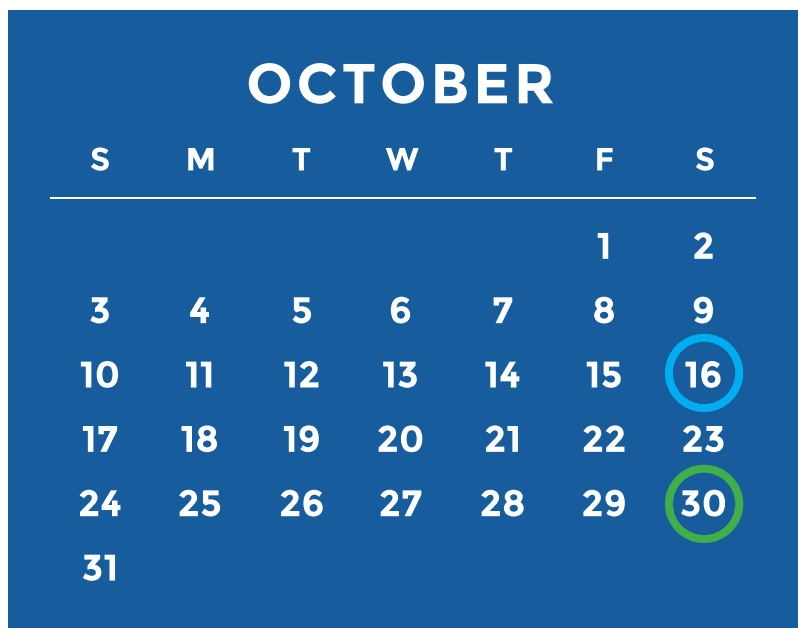
Check the calendar for the date 14 days before today's date. People needed to get their second/final dose on that date or earlier to participate in an event or activity that's happening today.


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



 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

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
NOVA SCOTIA
Country of Issuance
Pays d'émission
Canada

Name / Nom : Doe, Jane
Date of birth / Date de naissance : 17 MAR / MARS 1936
SMART Health Card: QR Code / Code QR de la carte Santé SMART

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

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.]

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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 Health Services COVID-19 Client Immunization Record and Care After Immunization

Keep this document as your personal immunization record.

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. Dose: 1 of 1 1 of 2 2 of 2
Your next dose is due in 3 - 14 weeks

You are complete.

Vaccine (Manufacturer):
 Pfizer-BioNTech Moderna
 AstraZeneca/COVISHIELD Janssen
 Other

Lot Number: 300 1945

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
- blurred 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 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.

31183 (Rev2021-04-02) S38-A

Alberta

Alberta Health Services COVID-19 Client Immunization Record and Care After Immunization

Keep this document as your personal immunization record.

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. Dose: 1 of 1 1 of 2 2 of 2
Your next dose is due _____

You are complete.

Vaccine (Manufacturer):
 Pfizer-BioNTech Moderna
 AstraZeneca/COVISHIELD Janssen
 Other

Care After Immunization

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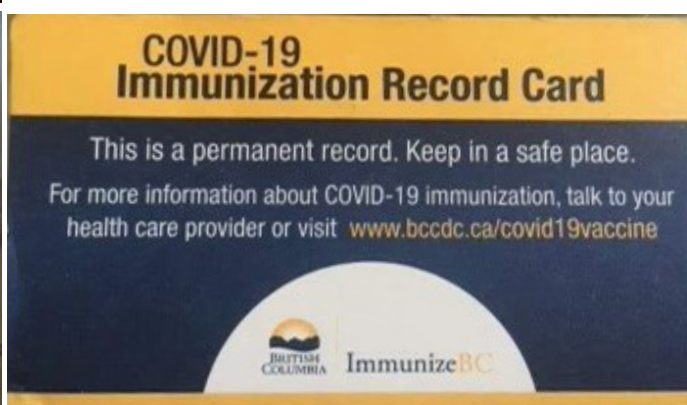
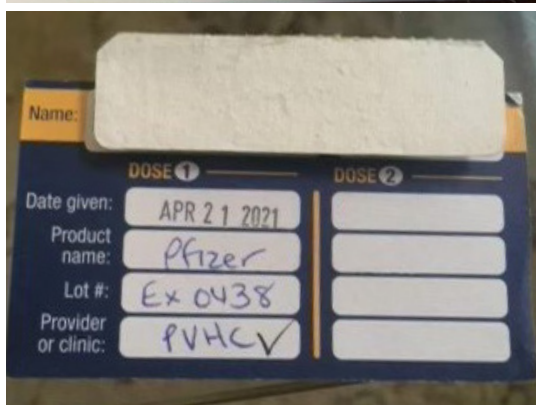
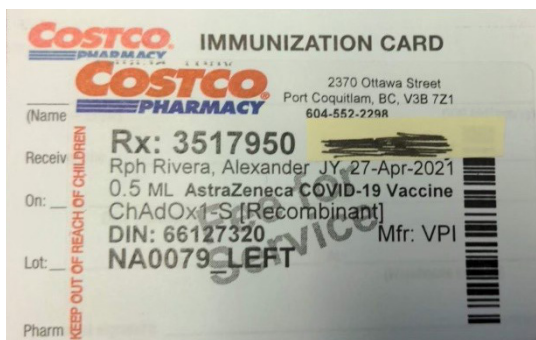
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31183 (Rev2021-04-02) S38-A

Paper Record

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)	Vaccine name	Dose (mL)	Lot number	Product expiry date	Site L/R	Given by (Inmunizer name) (Clinic name)	Date next dose due
1	2021-05-26	Pfizer	0.3mL	FA 8721	21-09-30	ⓐ	Cynthia Hamsey	
2	2021-06-29	Pfizer	0.3mL	610578	10/21	ⓐ	KC Hamsey	N/A

March 16, 2021 For the latest information visit 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)	Vaccine name	Dose (mL)	Lot number	Product expiry date	Site L/R	Given by (Inmunizer name) (Clinic name)	Date next dose due
1	2021-05-26	Pfizer	0.3mL	FA 8721	21-09-30	ⓐ	Cynthia Hamsey	
2	2021-06-29	Pfizer	0.3mL	610578	10/21	ⓐ	KC Hamsey	N/A

Paper Record

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: _____

Record for COVID-19 Vaccine

Dose #	Date (YYYY-MM-DD)	Lot Number	Site	Given by (Inmunizer name) (Clinic name)
1	2021-05-14	Pfizer - 20210518	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 are common in the days 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. The most common side effects include:

- Pain, tenderness, and swelling at the injection site (sore, sting, itch or redness) or you may feel tender any time.
- Fatigue, headache, muscle pain, joint pain, swollen lymph nodes, chills, fever, or low concentration or fatigue (may feel soft and tired).
- Energy (you may notice swollen glands) that last for several days.
- Swollen, enlarged lymph nodes, sometimes involving many sites or rash.

Serious side effects are rare but can include:

- Allergic reactions (in the days that are after any dose).
- 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 8-1-1.

Serious side effects after vaccination should be reported by calling 1-877-202-2277. After business hours, the health line can be reached at 311. 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 of 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.
- If a previously needed syringe is not prepared by 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 keep track of this and other vaccines.

The use of Moderna COVID-19 Vaccine is permitted under an interim authorization (delivered in accordance with section 101 of the COVID-19 Vaccine Order (O.C.) Patients should be advised of the nature of the authorization. The patient authorization is associated with terms and conditions that need to be met by the authorized authorization holder in order to ensure the continued safety, efficacy and quality of the product. For further information on authorization holder in pathway, please refer to Health Canada's Drug Regulatory Information, Safety and Advertising of Drugs for Use in Response 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

Moderna COVID-19 Vaccine 2nd Dose Appointment Reminder

Patient Name: _____
M: 30021652

1st Dose: April 22, 2021
2nd Dose: August 12, 2021 @ 1:10 PM

Department of Health
moderna

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

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CA-201-202003-12/2021

COVID-19 Vaccine After Care and IMMUNIZATION RECORD

Name of client: _____
Date of Birth (YYYY-MM-DD): _____
Health card number / First Nations Status Card Number: _____

Record of COVID-19 Vaccine

Dose #	Date (Month/Day/Year)	Lot number	Site	Given by (Inmunizer name) (Clinic 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 days 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. The most common side effects include:

- Pain, tenderness, and swelling at the injection site (sore, sting, itch or redness) or you may feel tender any time.
- Fatigue, headache, muscle pain, joint pain, swollen lymph nodes, chills, fever, or low concentration or fatigue (may feel soft and tired).
- Energy (you may notice swollen glands) that last for several days.
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Serious side effects are rare but can include:

- Allergic reactions (in the days that are after any dose).
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- Difficulty breathing.

More serious effects are extremely rare and if symptoms develop after you leave the clinic, call 8-1-1.

Serious side effects after vaccination should be reported by calling 1-877-202-2277. After business hours, the Health Line can be reached at 311. 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 of 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.
- If a previously needed syringe is not prepared by 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 keep track of this and other vaccines.

March 16, 2021

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

Moderna COVID-19 Vaccine
2nd Dose Appointment Reminder

Patient Name: Jane MacNeil

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: **1-844-MODERNA (1-844-663-3762), 24 hours, 7 days a week**

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

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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: **NOVA SCOTIA CANADA** Country of Issuance: **Canada**

Name / Nom: **Doe, Jane**
Date of birth / Date de naissance: **17 MAR / MARS 1936**
SWSRT Health Card QR Code / Code QR de la carte Santé SWSRT



Vaccines administered / Vaccins reçus: **2**

Date: **27 SEP / SEPT 2021**
Product / Produit: **MODERNA COVID-19 mRNA-1273**
Lot: **300042460**

Date: **28 JUL / JUL 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) validé(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 Chloride 0.9% Sodium Chloride
 Lot / Lot:
 Dosage / Dosage: 0.3ml
 Route / Voie: Intramuscular / Intramusculaire
 Site / Site: Left deltoid / Deltoid gauche
 You have received 1 valid dose(s) / Vous avez reçu 1 dose(s) validé(s)
 Vaccine administered by / Vaccin administré par: Registered Practical Nurse
 Authorized organization / Organisme agréé:

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 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. Appelez le 1-800-387-0838.

Paper Record

Ministry of Health
Ministère de la Santé

Name/Nom: [REDACTED]
 Health Card Number/Numéro de la carte Santé: #####
 Date of Birth/Date de naissance: [REDACTED]
 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) validé(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

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 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

Northwest Territories

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

Physician: RESULTS ALBERTA, Territorial EMR, Yellowknife, NT
 Phone Office: (867)926-7777
 Fax: Yellowknife, NT
 Email:

Vaccinations Administered:


Vaccine	Date	Route	Dose (mL)	Series #	Lot #	Injection Site	Reaction
MODERNA COVID-19 mRNA-1273	04 Jun 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 Apr 2021	IM - Intramuscular	0.5	1	C4832AA	Left Deltoid	None

Paper Record


Immunization Card
 Dáda ch'á xa dēne héngor ts'j' ʔereht'is

NTHSSA • ASTNO

Vaccine | Dáda ch'á náidi Vaccine húlye: Moderna COVID-19
 1st dose | T'atthe náidi dēnēghálchu: Jan 19, 2021
 2nd dose | Ná ts'én náidi dēnēghálchu: Feb 22, 2021

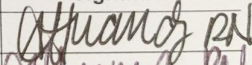
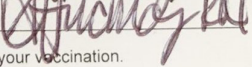
 You have **BOTH** doses of the vaccine!
 Dáda ch'á xa náidi neghálchú xa hultágh xa dé ná ts'én neghálchu haʔg!

Nunavut

 Building Nunavut Together
 Nunavut tusigtingngis
 Bāi'iq Nunavut ensemble

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

Last Name: _____ First Name: _____
 Date of Birth: 08 / Dec / 1960

Vaccine	Date	Signature
1 st Dose	27 Jan 2021	
2 nd Dose	24 Feb 2021	

Please keep this card as a proof of your vaccination.


 Building Nunavut Together
 Nunavut tusigtingngis
 Bāi'iq Nunavut ensemble

Pfizer - BioNTech COVID -19 Vaccine
 (mRNA - BNT162b2 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.

 Building Nunavut Together
 Nunavut tusigtingngis
 Bāi'iq Nunavut ensemble

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

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

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Electronic Record

Yukon

Carte de vaccination COVID-19

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

Form for recording vaccination details:

NAME: _____

DOSE 1 DOSE 2

Date given: _____

Product name: _____

Lot#: _____

Provider or clinic: _____

Form fields for: Fournisseur ou clinique, Lot n°, Nom du vaccin, Date d'administration, NOM, DOSE 1, DOSE 2, Date given, Product name, Lot#, Provider or clinic.

Wallet-Size Card

Canadian Department of National Defence

Canada

Temporary Identification Card / Carte d'identité temporaire

NDI 10 (76-98)

PHOTO

NAME: _____

DATE OF BIRTH: _____

ISSUE DATE: _____

EXPIRES: _____

ISSUING OFFICER: _____

PHYSICAL MEASUREMENTS

BORN: _____ SEX: _____ HEIGHT: _____ WEIGHT: _____ HAIR: _____ EYES: _____

SCARS, AMPUTATIONS, BIRTHMARKS, TATTOOS: _____

DATE AND UNIT OF DELIVERY: _____

SERIAL NO.: 012345

HOLDER'S SIGNATURE: _____

Temporary Identification Card NDI

Canada

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

NDI 20

PHOTO

Surname: _____

Given name: _____

Status: _____

Expiration: _____

Born: _____ Blood group: _____

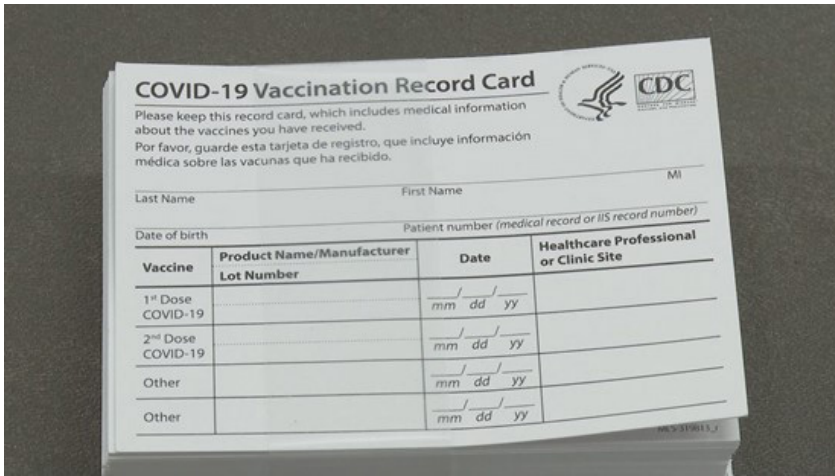
SN / NI: _____

Holder's Signature: _____

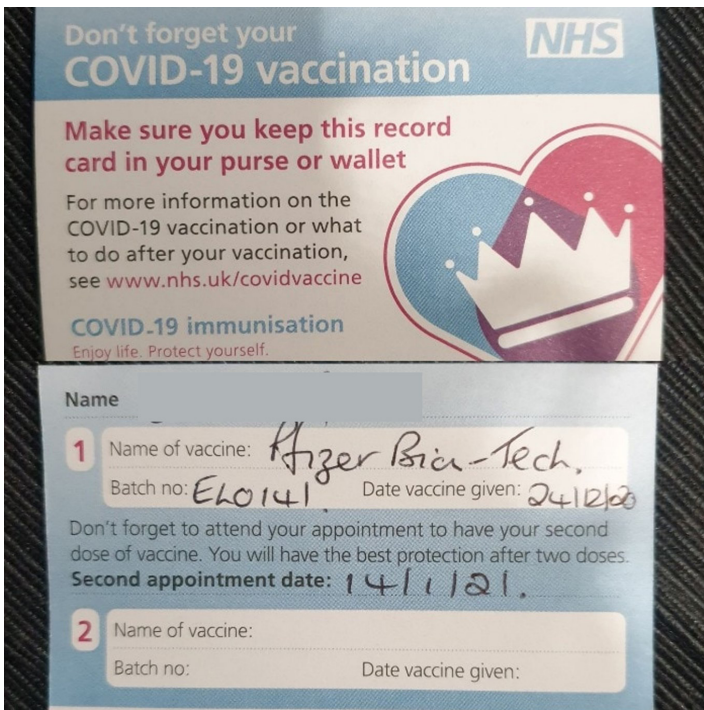
If found, drop in any Canadian mailbox K1A 0K2

Canadian Forces Identification Card NDI

USA



UK



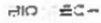

People across Canada who received the Pfizer vaccine may have received this Pfizer record. It is acceptable as proof of vaccination in Nova Scotia:

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.


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.



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Distributed for BioNTech Manufacturing GmbH, An der Goldgrube
17, 55131 Mainz, Germany



PP-COV-19-001-01

COMPLETE THE SERIES WITH YOUR 2ND DOSE
of Pfizer-BioNTech COVID-19 Vaccine*

Full name: _____

Batch/lot number: _____

Vaccination site: _____

1st dose: _____ 2nd dose _____
(21 days after 1st 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: _____