

COVID-19 Vaccine Declaration

Name:

Date of 1st COVID Vaccine:			
Choose below the type of vaccine received:			
Moderna	Pfizer	AstraZeneca	Other:
Date of 2nd COVID Vaccine:			
Choose below the type of vaccine received:			
Moderna	Pfizer	AstraZeneca	Other:
Personal Health Number:			
<i>If you have received your vaccine outside of Canada, please update your vaccination history by visiting your provincial website.</i>			

If you have not yet received any of your doses, please provide the information below:

- I am not yet vaccinated. My appointment is on _____ (date).
- I am choosing not to receive the COVID vaccine.

Please click "SUBMIT" below and attach the proof of vaccination.