

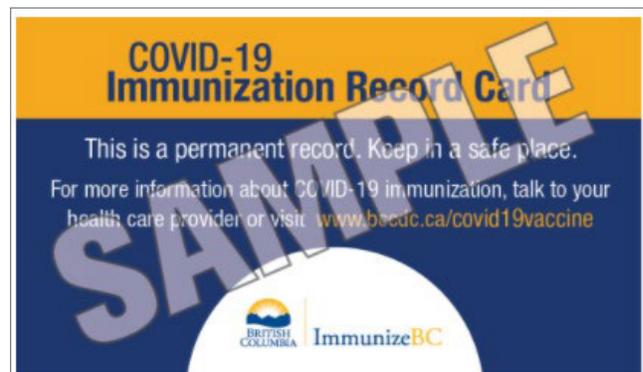
IMMUNIZATION RECORD SAMPLES

British Columbia

COVID-19 IN BC

Effective September 13, people aged 12+ will need to show proof of vaccination to get into certain events and businesses in BC. People can show proof of vaccination with one of the types of official immunization records below, or a COVID-19 immunization record from a pharmacy. An official BC immunization record is only accepted until September 26, 2021. Starting September 27, 2021, the BC Vaccine Card will be the only accepted form of proof of vaccination for people who live in BC.

➤ **British Columbia
COVID-19 Immunization
Record Card**



Name:		Date of birth:	
DOSE 1		DOSE 2	
Date given:			
Product name:			
Lot #:			
Provider or clinic:			

For more information visit:
gov.bc.ca/VaccineCard



➤ Northern Health Authority
COVID-19 Immunization Record

		COVID-19 Immunization Record ImmsBC Downtime Form	
Citizen Registration: only complete the mandatory fields if registering electronically in ImmsBC (*denotes mandatory)			
First name* (please print):		Last name* (please print):	
Personal Health Number:	Date of Birth (YYYY/MM/DD)*:	Do you identify as an Indigenous person? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Undetermined (X) <input type="checkbox"/> Undifferentiated			
Address:		City:	Postal Code:
Appointment time/date:			
<input type="checkbox"/> Email address: _____ and/or <input type="checkbox"/> Phone number: Home (landline): _____ Work: _____ Mobile: _____			
Priority Group:			
<input type="checkbox"/> Pandemic Priority Population <input type="checkbox"/> Physician		<input type="checkbox"/> Resident - Assisted Living (AL) <input type="checkbox"/> Resident - Long Term Care (LTC)	
Deferral:			
<input type="checkbox"/> Vaccine Supply Issue <input type="checkbox"/> Left Without Seeing Clinician		<input type="checkbox"/> Referred to another clinic <input type="checkbox"/> Allergy Test Required <input type="checkbox"/> Immunization Not Given on Clinical Recommendation	
Comments:			
Immunization Record: Incomplete in this section (mandatory)			
Date administered: _____ (YYYY-MM-DD) Lot #: _____			
Client consent: <input type="checkbox"/> Client consent for self <input type="checkbox"/> Mature minor consent <input type="checkbox"/> Consent not obtained <input type="checkbox"/> Consent is obtained from a substitute decision maker (SDM) SDM First Name: _____ SDM Last name: _____ Method: <input type="checkbox"/> In-person <input type="checkbox"/> Written <input type="checkbox"/> Telephone			
Vaccine: <input type="checkbox"/> Pfizer <input type="checkbox"/> Moderna <input type="checkbox"/> AstraZeneca <input type="checkbox"/> Covishield <input type="checkbox"/> Other: _____			
Dose: <input type="checkbox"/> 1 <input type="checkbox"/> 2			
Deltoid injection site: <input type="checkbox"/> Left <input type="checkbox"/> Right			
Immunizer's printed name:		Immunizer's signature:	
Give yellow copy to client.			
White - Immunizer copy, Yellow - Client copy			
			
10-800-7010 (IND - Rev. - 05/21)			

For more information visit:
gov.bc.ca/VaccineCard



➤ **Vancouver Coastal Health Authority
COVID-19 Immunization Record**

Keep in a safe place **RECORD OF COVID-19 IMMUNIZATION** Keep in a safe place

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Date	Name: Last, First	Care Card #	Birthdate (dd/mm/yyyy)	Sex

COMMON COVID-19 SIDE EFFECTS CAN INCLUDE:

Very common: pain at injection site, tiredness, headaches, muscle pain, chills, joint pain, fever.

Uncommon: enlarged lymph nodes.

With any vaccine or drug, there is a very rare chance of a severe allergic reaction. Get medical help right away if you experience trouble breathing, hives, or generalized swelling.

For any serious or unexpected reactions please inform your healthcare provider.

<input type="text"/>		<input type="text"/>	
Address		Phone #	

Trade Name	Dose #	Site	Provider Signature
Pfizer <input type="checkbox"/> Other <input type="checkbox"/>	<input type="text"/>	R <input type="checkbox"/> L <input type="checkbox"/>	<input type="text"/>
Moderna <input type="checkbox"/>	<input type="text"/>		

Informed consent

Signature For minor children and adults unable to self-consent Print name and relationship to client

COVID-19 vaccine #2 in weeks. Date

Vancouver CoastalHealth

➤ **First Nations Health Authority
COVID-19 Immunization Record**




CANimmunize
A free immunization tracking app.
www.canimmunize.ca

For information about immunization, speak to your health care provider or visit ImmunizeBC.ca



Immunization Record

Name

Date of Birth

Personal Health Number



**This is a permanent record.
Keep it in a safe place.**

05/18

Vaccine	Date (m/d)	Provider or clinic	Date next dose due (y/m/d)

For more information visit:
gov.bc.ca/VaccineCard



Interior Health Authority
COVID-19 Immunization Record



Interior Health Authority, Creston Branch
Creston Office
312 15th Avenue N, Creston, BC, V0B 1G0
(250) 428-3873

COVID-19 IMMUNIZATION RECORD

Name:	DOB:	Client ID:
Address:	Age:	PHN/YHCIP:
	Gender:	Phone:

Based on our records, _____ has received the following immunizations:

COVID-19 Immunization History

Immunization	Description (Dose)	Date	Note	Dosage	Trade Name	Lot #

Some or all of the following immunizations do not meet recommended guidelines. These immunizations may need to be repeated:

Immunization	Description (Dose)	Date	Note	Dosage	Trade Name	Lot #

Notes:

- E - The date is estimated for this historical immunization.
- O - The status for this immunization has been overridden.
- R - The dose number for this immunization has been revised. Dose information is unknown or not recorded.
- X - Invalid dose. Some or all of this immunization do not meet part of the BC or Yukon recommended/routine schedule.

**This is an important record. Please keep in a safe place.
Please contact your local health unit if you have any concerns or questions.**

Name: _____ Page 1 of 1

Printed on: _____ by _____

Confidential: This printed report contains confidential personal information and is for direct care purposes only.

If this report has been received in error, contact the number above.

For more information visit:
gov.bc.ca/VaccineCard



➤ **Fraser Health Authority
COVID-19 Immunization Record**



COVID-19 Immunization Record

Name: _____

Dose 1 Product Name:	
Lot #:	Date vaccine given:
Dose 2 Product Name:	
Lot #:	Date vaccine given:



Scan this QR code or visit [Fraser Health.ca/vaccinebooking](https://www.fraserhealth.ca/vaccinebooking) to book your 2nd dose of vaccine.

You will have the most protection after 2 doses.

258967 | FEB.10.2021



What You Should Know

Vaccines are very safe. It is much safer to get the vaccine than to get COVID-19.

Common COVID-19 vaccine side effects can include:

- **At the injection site:** pain (most common), swelling, and redness within 7 days of getting the vaccine
- **Other reactions:** tiredness, chills, fever, headache, muscle or joint pain, nausea (feeling sick to the stomach), vomiting (throwing up)

With any vaccine or drug, there is a very rare chance of a severe allergic reaction.

Get medical help *right away* if you experience trouble breathing, hives, or swelling of the face and throat.

If you experience any unexpected reaction after the vaccine, call:

Fraser Virtual Care at 1-800-314-0999, available 7 days a week from 10am to 10pm

**For more information visit:
gov.bc.ca/VaccineCard**

