

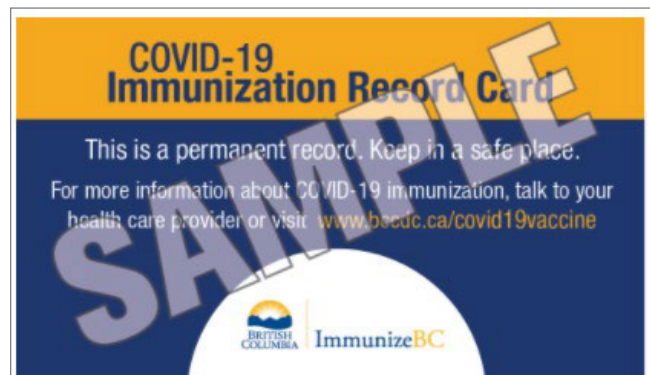
# IMMUNIZATION RECORD SAMPLES

## 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

This image shows the form portion of the sample COVID-19 Immunization Record Card. It is divided into two columns by a vertical yellow line, labeled "DOSE 1" and "DOSE 2" at the top. On the left side, under the "DOSE 1" column, are labels for "Name:", "Date given:", "Product name:", "Lot #:", and "Provider or clinic:". On the right side, under the "DOSE 2" column, is a label for "Date of birth:". Each label is followed by a white rectangular box for data entry. A large, light blue "SAMPLE" watermark is diagonally across the entire image.

For more information visit:  
[gov.bc.ca/VaccineCard](http://gov.bc.ca/VaccineCard)



➤ Northern Health Authority  
COVID-19 Immunization Record

 <b>northern health</b> <small>the northern way of caring</small>		<b>COVID-19 Immunization Record</b> ImmsBC Downtime Form	
<b>Citizen Registration: only complete the mandatory fields if registering electronically in ImmsBC (*denotes mandatory)</b>			
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: _____			
<b>Priority Group:</b> <input type="checkbox"/> Pandemic Priority Population <input type="checkbox"/> Resident - Assisted Living (AL) <input type="checkbox"/> Staff - Assisted Living (AL) <input type="checkbox"/> Physician <input type="checkbox"/> Resident - Long Term Care (LTC) <input type="checkbox"/> Staff - Long Term Care (LTC) <input type="checkbox"/> Hospital			
<b>Deferral:</b> <input type="checkbox"/> Vaccine Supply Issue <input type="checkbox"/> Referred to another location <input type="checkbox"/> Immunization Not Given on Clinical Recommendation <input type="checkbox"/> Left Without Seeing Clinician <input type="checkbox"/> Allergy Test Requested			
Comments:			
<b>Immunization Record: Immunization section (mandatory)</b>			
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](https://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

Date	Name: Last, First	Care Card #	Birthdate (dd/mm/yyyy)	Sex
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**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.

Address

Phone #

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


☐ 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



## First Nations Health Authority COVID-19 Immunization Record




A free immunization tracking app.  
[www.canimmunize.ca](http://www.canimmunize.ca)

For information about immunization, speak to your health care provider or visit [ImmunizeBC.ca](http://ImmunizeBC.ca)



05/18

**Immunization Record**

Name \_\_\_\_\_

Date of Birth \_\_\_\_\_

Personal Health Number \_\_\_\_\_



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

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

For more information visit:  
[gov.bc.ca/VaccineCard](http://gov.bc.ca/VaccineCard)



**BRITISH  
COLUMBIA**

## 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. Previous dose information is unknown or not recorded.
- X - Invalid dose. Some or all of this immunization does not comply with 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: \_\_\_\_\_ 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.

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For more information visit:  
[gov.bc.ca/VaccineCard](https://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 [fraserhealth.ca/VaccineBooking](https://fraserhealth.ca/VaccineBooking) to book your 2<sup>nd</sup> dose of vaccine.

You will have the most protection after 2 doses.

258967 | FEB.10.2021

### What You Should Know



ImmunizeBC

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](https://gov.bc.ca/VaccineCard)**



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COLUMBIA**