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| **Ministry of Health / ministère de la Santé** | | Ministry of Health (Ontario) - Wikipedia |
| Name/Nom: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| Health Card Number/Numéro de la carte Santé: | # # # # # # \_\_\_\_\_\_\_ \_\_\_\_\_\_\_ \_\_\_\_\_\_\_ \_\_\_\_\_\_\_ | |
| Date of Birth/Date de naissance: | \_\_\_\_\_\_\_\_\_\_\_\_ / \_\_\_\_\_\_\_\_\_\_\_\_ / \_\_\_\_\_\_\_\_\_\_\_\_ (month / day/ year) | |
| Date/Date: | \_\_\_\_\_\_\_\_\_\_\_\_ / \_\_\_\_\_\_\_\_\_\_\_\_ / \_\_\_\_\_\_\_\_\_\_\_\_ (month / day/ year) \_\_\_\_\_\_\_ : \_\_\_\_\_\_\_ am pm | |
| Agent: | COVID-19 | |
| Product Name/Nom du produit: | COVID-19 Moderna Vaccine Mod | |
| Lot/Lot: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| Dose/Dose: | 0.5 ml | |
| Route/Voie: | Intramuscular / intramusculaire | |
| Site/Site: | Left deltoid / deltoide gauche  Right deltoid / deltoide droit | |
| Dose/Dose | \_\_\_\_ of 2 | |
| Administered By/Administré par: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ , \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| Location/Lieu: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| Your dose 2 of 2 is scheduled for/ Votre 2e dose est prévue pour: | \_\_\_\_\_\_\_\_\_\_\_\_ / \_\_\_\_\_\_\_\_\_\_\_\_ / \_\_\_\_\_\_\_\_\_\_\_\_ (month / day/ year) \_\_\_\_\_\_\_ : \_\_\_\_\_\_\_ am pm | |

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| **Ministry of Health / ministère de la Santé** | | Ministry of Health (Ontario) - Wikipedia |
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| Health Card Number/Numéro de la carte Santé: | # # # # # # \_\_\_\_\_\_\_ \_\_\_\_\_\_\_ \_\_\_\_\_\_\_ \_\_\_\_\_\_\_ | |
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| Date/Date: | \_\_\_\_\_\_\_\_\_\_\_\_ / \_\_\_\_\_\_\_\_\_\_\_\_ / \_\_\_\_\_\_\_\_\_\_\_\_ (month / day/ year) \_\_\_\_\_\_\_ : \_\_\_\_\_\_\_ am pm | |
| Agent: | COVID-19 | |
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| Dose/Dose | \_\_\_\_ of 2 | |
| Administered By/Administré par: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ , \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| Location/Lieu: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
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