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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 |
| 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 |