



**PROOF OF COVID-19 IMMUNIZATION OUTSIDE OF ONTARIO
DATA COLLECTION CONSENT**

I have read and had the opportunity to ask questions about the following statement:

The information you provide will be used, kept, shared and disposed of according to the Personal Health Information Act. For more information about our privacy policy, ask a Health Unit staff member or call 1-800-660-5853 or visit www.healthunit.org

_____ Initials

First Name: _____ Last Name: _____

Health Card #: _____ Telephone: _____

Address: _____ Email: _____

I _____ (please print) consent to the Leeds, Grenville and Lanark District Health Unit (LGL HU) collecting my personal health information under the authority of the Health Protection and Promotion Act to create my immunization record in the Ontario Ministry of Health's COVID-19 vaccine management system (COVAX). LGL HU may use my contact information to confirm my record is accurate and complete, and to assist with booking of vaccine appointments.

Signature: _____

Date: _____ DD/MMM/YYYY

Please attach copy of COVID19 immunization: