Peterborough Public Health

Serving the residents of **Curve Lake** and **Hiawatha First Nations**, and the **County** and **City of Peterborough**

COVID-19 Public Health Guidance:
What to look for when checking Proof of Vaccine and ID

Context:

To access select settings in Ontario, Proof of Vaccination showing someone is fully vaccinated against COVID-19 is necessary. To confirm the proof is valid, personal identification will also be used.

Proof of Vaccination (Check box if complete):

- ☐ Individual's name and date of birth are included, and match personal identification (see page 2)
- ☐ Brand of vaccine is listed (e.g. Pfizer/Comirnaty, Moderna/Spikevax)
- ☐ Number of valid doses received is indicated
  - Check if # of doses meets fully vaccinated criteria. 1, 2, or 3 doses depending on brand
- ☐ Date (s) vaccination was received is clear, with it being at least 14 days since the last dose was administered

Examples:

Ontario ☥ **Ministry of Health**
Ministère de la Santé

COVID-19 vaccination receipt / Récépissé de vaccination contre la COVID-19

Identification / Identification
Name /Nom: Required, compare with personal identification
Health card number /Numéro de la carte Santé:
Date of birth /Date de naissance: Required, compare with personal identification

Vaccination / Vaccination
Date / Date: Required, confirm at least 14 days have passed
Agent / Agent:
Product name / Nom de produit: Required, will indicate brand
Diluent Product:
Lot / Lot:
Dosage / Dosage:
Route / Voie:
Site / Site:
You have received (x) valid dose(s) / Vous avez reçu (x) dose(s) valide(s): Required, confirm appropriate number of doses were received e.g. 2 doses
Vaccine Administered by / Vaccin administré part:
Authorized Organization / Organisme agréé:

CDC Card/International Proof

Name:

Date of Birth:

Product:

# of Doses and Date:

COVID-19 Vaccination Record Card

Please keep this record card, which includes medical information about the vaccines you have received.

Por favor, guarde esta tarjeta de registro, que incluye información medica sobre las vacunas que ha recibido.

Last Name		First Name		M
Date of birth		Patient number (medical record or IIS record number)		

	Product Name/Manufacturer Lot Number	Date	Healthcare Professional or Clinic Site
1ˢᵗ Dose COVID-19		___/___/___ mm da yy	
2nd Dose COVID-19		___/___/___ mm da yy	
Other		/mm da yy	
Other	/	/ mm da yy	

450 × 341

Personal Identification reference:

☐ Name matches proof of vaccination
☐ Date of Birth matches proof of vaccination

Some examples of valid ID include (but are not limited to):

• Birth certificate
• Citizenship card
• Driver's licence
• Government (Ontario or other) issued identification card, including health card
• Indian Status Card /Indigenous Membership Card
• Passport
• Permanent Resident card

In short, proof of identity can be established using documentation issued by an institution or public body, provided it includes the name of the holder and date of birth

Medical Exemptions to Vaccination (If Applicable):

☐ Name of the person on the note matches the name on personal identification
☐ Completed by a physician (MD) or registered nurse in the extended class (RNEC) with their name and contact information included
☐ Uses logo or letterhead identifying the MD or RNEC
☐ Statement that there is a medical reason for exemption from being fully vaccinated
☐ Effective time-period for the medical reason is included, with date range including the current day

Additional resources including a list of vaccines and the number of doses needed to be fully vaccinated can be found at www.peterboroughpublichealth.ca/proofofvaccine or going to www.peterboroughpublichealth.ca and clicking on '**COVID-19**' and then '**Proof of Vaccination**'.