

# Québec Vaccination Registry

## ACCESS TO INFORMATION ON VACCINES REQUEST

### Section A: IDENTIFICATION<sup>1</sup>

\* Fields with an asterisk are mandatory.

\*\* Required only for residents outside Québec.

* Last name		* First name	
* Date of birth (yyyy/mm/dd)	* Gender <input type="checkbox"/> F <input type="checkbox"/> M	* RAMQ health insurance number	
* Address (street, apartment)		* Province	
* City		* Postal code	
* Phone (daytime)	* Phone (evening)	* Email	
** Mother's maiden name	** Mother's first name	** Father's last name	** Father's first name



**1 IMPORTANT:** To prevent identity theft and protect your personal information, your request must be submitted along with a copy of your valid health insurance card (in the absence thereof, please provide a copy of your birth certificate), by mail or fax. Failure to provide this information may result in your request being delayed or turned down.

### Section B: IDENTIFICATION OF PARENT, REPRESENTATIVE, OR MANDATARY<sup>2</sup>

Complete this section only if you are filing a request on behalf of the person named in Section A. Attach a document authorizing communication (consent, power of attorney, or court decision) if necessary. Individuals 14 years and over must complete and sign their own requests.

* Last name	* First name	Relationship to the person
* Address (street, apartment)		* Province
* City		* Postal code
* Phone (daytime)	* Phone (evening)	* Email

**2 IMPORTANT – FOR MINORS UNDER AGE 14:** Please provide copies of an identification document for parent/representative/mandatary and child (health insurance card or birth certificate).

### Section C: ADDITIONAL INFORMATION


### Section D: SIGNATURE

Signature	* Date (yyyy/mm/dd)
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Please return the signed form and a copy of your personal identification document to the officer in charge of requests for access to information in your region.

To find contact info for that person, consult:

[Québec.ca/responsables-registre-vaccination](http://Quebec.ca/responsables-registre-vaccination)