



## Sheet to insert in the vaccination record

This sheet must be completed by vaccinators.

The vaccinated person who receives this sheet, cuts it and can insert it into their vaccination record.

COVID-19 VACCINATION			
Name:		Date of birth: year / month / day	
Name of vaccine	Dose/route adm.	Date	Vaccinator's signature
<input type="checkbox"/> PB COVID-19			
<input type="checkbox"/> MOD COVID-19			
<input type="checkbox"/> JAN COVID-19	<input type="checkbox"/> 0,3 ml, IM	2021-	
<input type="checkbox"/> AZ COVID-19 (Covishield)	<input type="checkbox"/> 0,5 ml, IM	month day	
<input type="checkbox"/> AZ COVID-19 (ChAdOx-1-S)			
Other: _____			

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Cut-out and insert in your vaccination record 