

Your proof of vaccination must show the following for approval;

1. Your Name
2. Date of Vaccination
3. Type of Vaccine
4. Vaccination Status (*Partially or Fully Vaccinated*)

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

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

Identification / Identification	
1	Name / Nom: Jessica [REDACTED] Health card number / Numéro de la carte Santé: [REDACTED] Date of birth / Date de naissance: [REDACTED]
Vaccination / Vaccination	
2	Date / Date: 2021-07-06, 2:47 pm Agent / Agent: COVID-19 mRNA Product name / Nom du produit: MODERNA COVID-19 mRNA-1273 3 Diluent product: Not applicable / Ne s'applique pas Lot / Lot: 042D21A Dosage / Dosage: 0.5ml Route / Voie: Intramuscular / Intramusculaire Site / Site: Left deltoid / Deltoïde gauche
4	You have received 2 valid dose(s) / Vous avez reçu 2 dose(s) valide(s) Vaccine administered by / Vaccin administré par: [REDACTED] Registered Nurse Authorized organization / Organisme agréé: Toronto Public Health

For more information, please contact CampusSafetyServices@GeorgianCollege.ca