



COVID-19 Vaccine Verification and Authorization to Work/Visit Multiple Health Care Settings

Name: _____
First Last

Are you a Staff member? YES NO

Department (please check)

<input type="checkbox"/> Resident Care	<input type="checkbox"/> Food Services	<input type="checkbox"/> Facilities & Environment
<input type="checkbox"/> Program Support	<input type="checkbox"/> Housing	<input type="checkbox"/> Management/Non Union

Position: _____

Are you a Designated Essential Caregiver? YES NO

If yes, for which Resident: _____
Name First Last

Type/name of COVID-19 Vaccine: Pfizer Moderna
 AstraZeneca Janssen

Date of 1st Dose: _____

Date of 2nd Dose: _____

Must provide a copy of the Dose Administration Receipt (copy/print/photo/scan) or forward email from the Ministry of Health including receipt.

Proof attached

for Staff Emailed to vbennett@ioof.com

for Designated Essential Caregivers emailed to nursingmanagement@ioof.com

FULL IMMUNIZATION STATUS (as per current Directive 3)

14 days after the prescribed total dose schedule approved by Health Canada

Effective Date:

MMM/DD/YYYY (i.e. JAN/01/2021) _____

HEALTH CARE LOCATIONS/SETTINGS/AGENCIES

(Please list all health care settings where you work or visit):

#	Health Care Location / Agency Name	Position	Status FT/PT/Casual
1.			
2.			
3.			
4.			
5.			

Management/HR Review:

Name of Manager: _____ **Signature:** _____ **Date:** _____

Dir.of HR/Designate: _____ **Signature:** _____ **Date:** _____

Authorized **YES - Card Issued** **NO**

All information will be stored in your confidential employee file and/or in the confidential HR/Resident Care Database
Information is collected for Ministry of Health, LTC, Public Health and tracing purposes
accessed only by authorized individuals in keeping with the Personal Health Information Protection Act

Form revised: May 5, 2021