COVID-19 Vaccination Clinic Demographic Form

BUREAU DE SANTÉ DE MIDDLESEX-LONDON HEALTH UNIT
www.healthunit.com

Name (as it appears on piece of identification)

_____ _____ _____
First Middle Last

Date of Birth

_____ /_____ /_____
Month Day Year

Gender

☐ Female ☐ Prefer not to say
☐ Male ☐ Unknown
☐ Non-binary/third gender ☐ Other:_____

Identification (ID)

☐ Health Card Number (HCN) – Ontario

_____
(10-digits; no version code)

☐ Alternative ID (No Ontario HCN)

Alternative ID Type:

☐ Birth Certificate
☐ Driver's License
☐ Employee ID
☐ First Nation
☐ MRN
☐ Ontario Photo ID
☐ Out of Province Health Card
☐ Passport
☐ Permanent Canadian resident card
☐ Other: _____

Alternative ID Number:

_____

Address

Street (please include apartment/unit number)

City

Province

Postal Code

___ ___ ___ ___ ___ ___

Country

School/Childcare Centre Name (*complete if 5-17 years of age and attend school or childcare centre)

Contact Information ☐ Self ☐ Proxy*

Name of Proxy (*complete only if Proxy selected)

_____ _____ _____
First Middle Last

Relationship to person receiving vaccine
(*complete only if Proxy selected)

☐ Parent ☐ Spouse/Partner
☐ Grandparent ☐ Child
☐ Friend ☐ Other:_____

Phone Number (please include area code)

☐ Cell

☐ Home

☐ Work

Email Address

Primary Care Clinician (Family Physician or Nurse Practitioner)

Name