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

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