

COVID-19 NOVEL CORONAVIRUS

Manitoba 

COVID-19 Vaccination Declaration Form

December 11, 2020

Please check the all of the appropriate boxes that apply and sign and date the form:

- I confirm that I am a health care worker whose work involves direct contact with patients or residents.
- I confirm that I meet at least one of the following four criteria:
- I work in a Critical Care Unit and was born on or before December 31st, 1970.
 - I work in an Acute Care Facility and was born on or before December 31st, 1960.
 - I work in a Long-term Care Facility and was born on or before December 31st, 1960.
 - I am assigned to work in a COVID-19 Immunization Clinic.
- I declare that the information that I have provided for the purpose of obtaining the COVID-19 vaccine is true and accurate. I understand that providing false information may be an offence.

SIGNATURE

DATE

PLEASE PRINT YOUR NAME

EMAIL ADDRESS