



REQUEST TO ACCESS COVID-19 IMMUNIZATION RECORD

Your personal health information is collected under the *NWT Health Information Act* and will not be used or disclosed, unless allowed or required by this Act or any other Act.

Please note that this form is for requesting COVID-19 Immunization Records ONLY

(Please also note that if you received any other vaccinations in 2021, they will also be included on your record)

<p>Pickup record at your local Public Health Office (Yellowknife, Inuvik, Hay River, and Fort Smith only): email this completed form to NTHSSA_covidvaxrecords@gov.nt.ca (Please DO NOT bring this form directly to Public Health, you will be called when your record is ready)</p> <p>Applying in person (Community Health Centres): take the completed form to your local community health centre</p> <p>Residents of other Provinces / Territories who were immunized in the NWT, OR if you are unable to request/pick-up your information in person: email this form and any supporting documents to: NTHSSA_covidvaxrecords@gov.nt.ca</p> <p>(If you are requesting that an Immunization Record be emailed to you please provide the email address you would prefer it be sent) →</p>		<p>To Access or Correct other Health Records, please see the Request to Access or Correct Your Health Information Form</p>
		Your email address (if applicable)
A. YOUR INFORMATION		
First Name:		
Middle Name(s):		
Last Name:		
Mailing Address:	Phone Number:	
Health Card Number:	Date of Birth: (DD-MM-YYYY)	
I am requesting: (select one only)	My Own Immunization Record	Someone Else's Immunization Record*

*Please complete Section B if you are requesting an Immunization Record on Someone's Behalf



B. INFORMATION OF THE INDIVIDUAL WHOSE RECORD YOU ARE REQUESTING
(Only complete if you are requesting an Immunization Record on someone else's behalf)

First Name:			
Middle Name(s):			
Last Name:			
Health Card Number:		Date of Birth: (DD-MM-YYYY)	
Your relationship to the person**:			

**See Additional Information Section

C. SUPPORTING DOCUMENTS CHECKLIST

<p><u>Government Issued Identification</u> You must provide two (2) pieces of valid government-issued ID with each completed form. One piece of ID should have your photo.</p> <p>If you do not have photo ID, please contact NTHSSA_covidvaxrecords@gov.nt.ca for additional information.</p>	Government-Issued Photo ID:
	2nd piece of Government-Issued ID:
Documentation verifying that I am authorized to act on behalf of the individual in Section B (If Applicable -See Additional Information Section)	

D. YOUR SIGNATURE

Your Signature: Please Print Form & Sign	
Date: (DD-MM-YYY)	

ADDITIONAL INFORMATION

Requesting Immunization Records on Someone Else's Behalf

You must have authority to act on the individual's behalf. You may be:

- A parent or guardian of a child who is not a mature minor;
- A Guardian or a Trustee;
- A power of attorney;
- A person named in a personal directive;
- Anyone otherwise authorized in writing by the individual the information is about.

Documentation and Identification when requesting records on someone's behalf:

ID of the person making the request

- One piece of Government-issued photo ID; **or**,
- Two pieces of Government-issued non-photo ID;

Documentation and ID for the individual whose record is being requested

(if they **are** a dependent, under the age of 14, or otherwise legally in the care of the person making the request)

- Documentation confirming that the person making the request is authorized to act on behalf of the individual whose record is being requested (e.g. birth certificate of a child, document confirming power of attorney, trusteeship, etc.).
- A copy of one piece of Government ID issued to the person on whose behalf the request is being made.

ID and Authorization from the individual whose record is being requested

(if they **are not** a dependent, or otherwise legally in the care of the person making the request)

- A copy of one piece of Government-issued ID;
- A letter signed by the individual authorizing you to access to the record.

If you have any questions regarding this form, please contact
NTHSSA_covidvaxrecords@gov.nt.ca for additional information.