

APPENDIX B - Consent form for recording vaccination status consent

Businesses and organizations can ask people to complete this form to give their consent to having their vaccination status recorded, such as on a list. People are not required to give their consent. If they do not give consent, you cannot keep a record of the fact that they showed (or did not show) their proof of full vaccination.

CONSENT

I, _____, hereby give _____

business/organization permission to collect and use my personal health information, specifically my COVID-19 vaccination status. This information will be used solely for the purpose of determining and verifying my eligibility to access and/or participate in non-essential services and activities in accordance with the COVID-19 Protocol for Proof of Full Vaccination for Events and Activities set out in the Nova Scotia Public Health Order, and will not be otherwise collected, used or disclosed without my approval.

I understand that, if I wish to withdraw this authorization, I may do so at any time by writing to the business/organization.

I have read and understood this form, and I have had the opportunity to ask questions and have had them answered to my satisfaction. By signing below, I consent to these terms.

Name: _____
(Please print) (Signature)

Address: _____

Date: _____