

Ministry of Health

# Documentation of Verbal Attestation for use by Immunization Clinics: COVID-19 Vaccination

Version 1.0 February 12, 2021

This guidance provides basic information only. This document is not intended to provide or take the place of medical advice, diagnosis or treatment, or legal advice.

In the event of any conflict between this guidance document and any orders or directives issued by the Minister of Health or the Chief Medical Officer of Health (CMOH), the order or directive prevails.

- Please check the Ministry of Health (MOH) [COVID-19](#) website regularly for updates to this document, mental health resources, and other information,
- Please check the [Directives, Memorandums and Other Resources](#) page regularly for the most up to date directives.

This document may be used by immunization clinics to capture verbal attestation as required.

# Documentation of Verbal Attestation: COVID-19 Vaccination

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Client's Name

Date of Birth	Age	Cell / Home Phone
Health Card #	Doctor/ Nurse Practitioner /Midwife	

COVID-19 vaccination for those with certain medical conditions and those who are pregnant requires counselling on the risks and benefits of vaccination with the health care provider most familiar with the individual's medical history or pregnancy (e.g. primary care physician, medical specialist, midwife or nurse practitioner).

**Please check one of the following regarding the individual to be vaccinated:**

**They are pregnant.** Pregnant individuals in the authorized age group may choose to receive the vaccine following counselling by a health care provider familiar with their condition or pregnancy (e.g. their treating health care provider) that reviews the risks and benefits of vaccination at this time.

**They have an autoimmune disease or are immunocompromised (due to disease or treatment) and are currently receiving:**

- Stem cell therapy
- CAR-T therapy
- Chemotherapy
- Immune checkpoint inhibitors
- Monoclonal antibodies (e.g., rituximab)

- Or other targeted agents (e.g., CD4/6 inhibitors, PARP inhibitors etc.)

Individuals receiving these therapies may choose to receive the vaccine following counselling by the health care provider most familiar with their condition (i.e. their treating health care provider) of the risks and benefits of vaccination and of possible decreased vaccine effectiveness with the use of immunosuppressive therapy. This discussion may also include timing of vaccination in relation to therapy for the underlying health condition and/or treatment modification prior to vaccination.

**The individual to be vaccinated confirms that they have had counselling by their treating health care provider about the risks and benefits of receiving the COVID-19 vaccine, given their current condition or pregnancy (as applicable).**

Immunization Clinic Health Care Provider Signature: \_\_\_\_\_

Date: \_\_\_\_\_ (*day/ month/ year*)