

Québec Vaccination Registry

ACCESS TO INFORMATION ON VACCINES REQUEST

Section A: IDENTIFICATION¹

Fields with an asterisk (*) are mandatory.

* Last name		* First name	
* Date of birth (yyyy/mm/dd)	* Gender <input type="checkbox"/> F <input type="checkbox"/> M	* RAMQ health insurance number	
* Address (street, apartment)		* Province	
* City		* Postal code	
* Phone (daytime)	* Phone (evening)	* Email	



1 IMPORTANT: To prevent identity theft and protect your personal information, your request must be submitted along with a copy of your valid health insurance card (in the absence thereof, please provide a copy of your birth certificate), by mail, fax or email. Failure to provide this information may result in your request being delayed or turned down.

Section B: IDENTIFICATION OF PARENT, REPRESENTATIVE, OR MANDATARY ²

Complete this section only if you are filing a request on behalf of the person named in Section A. Attach a document authorizing communication (consent, power of attorney, or court decision) if necessary. Individuals 14 years and over must complete and sign their own requests.

* Last name	* First name	Relationship to the person
* Address (street, apartment)		* Province
* City		* Postal code
* Phone (daytime)	* Phone (evening)	* Email

2 IMPORTANT – FOR MINORS UNDER AGE 14: Please provide copies of an identification document for parent/representative/mandatary and child (health insurance card or birth certificate).

Section C: ADDITIONAL INFORMATION

Section D: SIGNATURE

Signature	* Date (yyyy/mm/dd)
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Please return the signed form and a copy of your personal identification document to the officer in charge of requests for access to information in your region.
To find contact info for that person, consult:
sante.gouv.qc.ca/responsables-registre-vaccination