

Name: \_\_\_\_\_

Vaccine manufacturer: \_\_\_\_\_

Date of dose one: \_\_\_\_\_

Date of dose two: \_\_\_\_\_

- I, \_\_\_\_\_, hereby attest that I am fully vaccinated for COVID-19 as of \_\_\_\_\_ (three weeks after dose two) with a vaccine approved by Health Canada and that the information on this form is accurate and true.
- I consent to Big Brothers Big Sisters of the Central and Southern Interior (BBBSCSI) sharing this information when required to comply with the policies of any school I may visit in person for BBBSCSI activities.

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date signed*

## VERIFICATION BY BBBSCSI

Verified by: \_\_\_\_\_

- I verify that \_\_\_\_\_ has proven their full COVID-19 vaccination status by showing me their completed Immunization Record Card in person or as a photo, or by providing some other credible piece of documentation.

Comments: \_\_\_\_\_

\_\_\_\_\_  
*Verifier's signature*

\_\_\_\_\_  
*Date signed*