



### Consent for Recording Vaccination Status

I, \_\_\_\_\_, hereby give the Truro Curling Club 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 Full Vaccination for Events and Activities set out in the Nova Scotia Public Health Order, and will not otherwise be 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 Truro Curling Club.

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: \_\_\_\_\_

PoV Verified by: \_\_\_\_\_  
Name Signature