



**Special  
Olympics**  
Ontario

# HOW TO:



Download your Proof of vaccination |



## What you will need:

- 1. A Computer, Phone, or Tablet with Internet**
- 2. Your Health Card**
- 3. A Printer (if you choose to print)**



Go to the Ontario Health Website

[covid19.ontariohealth.ca](https://covid19.ontariohealth.ca)

# You will be brought to a page that looks like this:

## COVID-19 vaccination portal

1.1.52

Download your proof of vaccination and book your vaccination appointments online

**i** This website is not compatible with Internet Explorer or older versions of iOS (version 11 or earlier). If you're experiencing issues, please try a different browser or another device. If you still experience issues, please ensure cookies are enabled in your browser settings.

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### Get your proof of vaccination

**What you'll need**

- Starting September 22, you'll need a copy of your vaccination receipt as your proof of vaccination to access certain indoor businesses and settings. Learn more about [proof of vaccination](#).
- Green photo health card**
  - Expired cards are accepted.
  - You'll need the numbers from both the front and back of the card.

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### Book your vaccine appointment

**What you'll need**

- All Ontarians (12 or older in 2021) are eligible to get vaccinated.
- Email address**
  - You can use the email of the person helping you.
- Green photo health card**
  - Expired cards are accepted.
  - You'll need the numbers from both the front and back of the card.
- Modern web browser** (the booking site is not compatible with Internet Explorer 11 or earlier).

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### To download your proof of vaccination or book an appointment

Read the full [terms of use](#)

I have read and understand the terms of use

**Continue**

1. Check this box



2. Click "Continue"





You will be brought to a page that looks like this:

## Enter your information

Green health card number (required)

Enter the 10-digit number with no dashes or spaces

[See example](#)

2-letter version code (required)

[See example](#)

9-character code on the back of the health card (required)

[See example](#)

Date of birth (required)

YYYY-MM-DD

Postal code (required)

If you moved recently and tried your new postal code but failed to continue, try using your previous postal code.

Example: A2A 2A2

Review the information you entered before continuing.

Continue



# Enter your Health Card Number

## Enter your information

Green health card number (required)

Enter the 10-digit number with no dashes or spaces

[See example](#)

2-letter version code (required)

[See example](#)

9-character code on the back of the health card (required)

[See example](#)

Date of birth (required)

YYYY-MM-DD

Postal code (required)

If you moved recently and tried your new postal code but failed to continue, try using your previous postal code.

Example: A2A 2A2

Review the information you entered before continuing.

Continue





# Enter the 2 letter code on your Health Card

## Enter your information

### Green health card number (required)

Enter the 10-digit number with no dashes or spaces

[See example](#)

### 9-character code on the back of the health card (required)

[See example](#)

### Date of birth (required)

YYYY-MM-DD

### Postal code (required)

If you moved recently and tried your new postal code but failed to continue, try using your previous postal code.

Example: A2A 2A2

Review the information you entered before continuing.

Continue

### 2-letter version code (required)

[See example](#)





# Enter the 9 digit code on the back

## Enter your information

Green health card number (required)

Enter the 10-digit number with no dashes or spaces

[See example](#)

2-letter version code (required)

[See example](#)

9-character code on the back of the health card (required)

[See example](#)

Date of birth (required)

YYYY-MM-DD

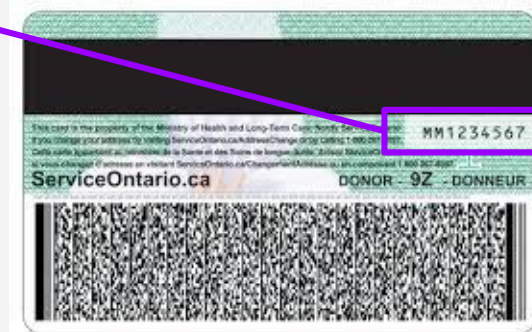
Postal code (required)

If you moved recently and tried your new postal code but failed to continue, try using your previous postal code.

Example: A2A 2A2

Review the information you entered before continuing.

Continue







# Enter your Date of Birth and Postal Code

## Enter your information

Green health card number (required)

Enter the 10-digit number with no dashes or spaces

5584-486-674

[See example](#)

2-letter version code (required)

YM

[See example](#)

9-character code on the back of the health card (required)

MM1234567

[See example](#)

Date of birth (required)

YYYY-MM-DD

1987-12-21

← Enter your Date of Birth

Postal code (required)

If you moved recently and tried your new postal code but failed to continue, try using your previous postal code.

Example: A2A 2A2

A2A 2A2

← Enter your Postal Code

Review the information you entered before continuing.

Continue

← Make sure all your information is correct, then click 'Continue'



You will be brought to a page that looks like this:

## Choose a service

### Proof of vaccination

Download and view receipts for your COVID-19 vaccinations

Continue

### Vaccine appointment booking

If eligible, you can book your vaccination appointment.

Continue

Click "Continue"






# Download proof of vaccination

## COVID-19 proof of vaccination

After downloading your proof of vaccination, you can either store it on your smartphone or print it.

Starting **September 22**, you'll need a copy of your vaccination receipt as your proof of vaccination to access certain indoor businesses and settings. [Learn more about proof of vaccination.](#)

[Download proof of vaccination](#) 

 **Click Here**


## Vaccination history

Date of vaccination:	2021-07-08
Product name:	MODERNA COVID-19 mRNA-1273
Dose:	2
Date of vaccination:	2021-05-18
Product name:	PFIZER-BIONTECH COVID-19 VACCINE mRNA
Dose:	1

# Your proof of vaccination will look like this:

COVID-19 vaccination receipt / Récépissé de vaccination contre la COVID-19

1 / 2 | 100% + | [Print] [Share]

Ontario  Ministry of Health  
Ministère de la Santé

COVID-19 vaccination receipt / Récépissé de vaccination contre la COVID-19

Identification / Identification
<b>Name / Nom:</b> John Q. Citizen
<b>Health card number / Numéro de la carte Santé:</b> XXXX-XXXX-XXXX-XX
<b>Date of birth / Date de naissance:</b> 2002-12-12


Vaccination / Vaccination
<b>Date / Date:</b> 2021-07-03, 1:34 pm
<b>Agent / Agent:</b> COVID-19 mRNA
<b>Product name / Nom du produit:</b> MODERNA COVID-19 mRNA-1273
<b>Diluent product:</b> Not applicable / Ne s'applique pas
<b>Lot / Lot:</b>
<b>Dosage / Dosage:</b> 0.5ml
<b>Route / Voie:</b> Intramuscular / Intramusculaire
<b>Site / Site:</b> Left deltoid / Deltoïde gauche
<b>You have received 2 valid dose(s) / Vous avez reçu 2 dose(s) valide(s)</b>
<b>Vaccine administered by / Vaccin administré par:</b>
<b>Authorized organization / Organisme agréé:</b>

# Download and Save your proof of vaccination



COVID-19 vaccination receipt / Récépissé de vaccination contre la COVID-19

1 / 2 | 100% + | [Print] [Share]

**Ontario**  **Ministry of Health**  
**Ministère de la Santé**

**COVID-19 vaccination receipt / Récépissé de vaccination contre la COVID-19**

**Identification / Identification**

**Name / Nom:** John Q. Citizen  
**Health card number / Numéro de la carte Santé:** XXXX-XXX-XXX-XX  
**Date of birth / Date de naissance:** 2002-12-12

**Vaccination / Vaccination**

**Date / Date:** 2021-07-03, 1:34 pm  
**Agent / Agent:** COVID-19 mRNA  
**Product name / Nom du produit:** MODERNA COVID-19 mRNA-1273  
**Diluent product:** Not applicable / Ne s'applique pas  
**Lot / Lot:**  
**Dosage / Dosage:** 0.5ml  
**Route / Voie:** Intramuscular / Intramusculaire  
**Site / Site:** Left deltoid / Deltοide gauche  
**You have received 2 valid dose(s) / Vous avez reçu 2 dose(s) valide(s)**  
**Vaccine administered by / Vaccin administré par:**  
**Authorized organization / Organisme agréé:**

Click this arrow to download your proof of vaccination.


Save your proof of vaccine with a name like "Covid Vaccine Receipt".

# Print your proof of vaccination



COVID-19 vaccination receipt / Récépissé de vaccination contre la COVID-19

1 / 2 | 100%

Ontario  Ministry of Health  
Ministère de la Santé

COVID-19 vaccination receipt / Récépissé de vaccination contre la COVID-19

**Identification / Identification**

**Name / Nom:** John Q. Citizen  
**Health card number / Numéro de la carte Santé:** XXXX-XXX-XXX-XX  
**Date of birth / Date de naissance:** 2002-12-12

**Vaccination / Vaccination**

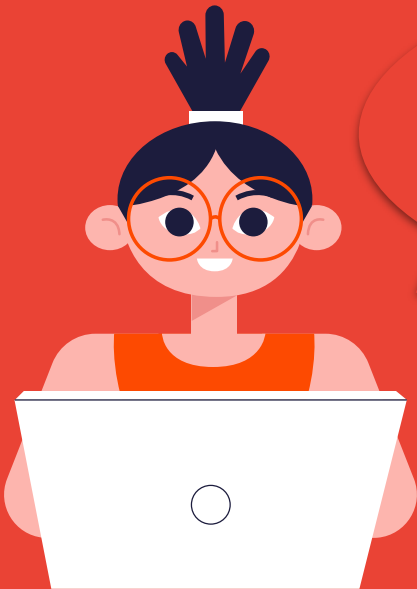
**Date / Date:** 2021-07-03, 1:34 pm  
**Agent / Agent:** COVID-19 mRNA  
**Product name / Nom du produit:** MODERNA COVID-19 mRNA-1273  
**Diluent product:** Not applicable / Ne s'applique pas  
**Lot / Lot:**  
**Dosage / Dosage:** 0.5ml  
**Route / Voie:** Intramuscular / Intramusculaire  
**Site / Site:** Left deltoid / Deltolde gauche  
**You have received 2 valid dose(s) / Vous avez reçu 2 dose(s) valide(s)**  
**Vaccine administered by / Vaccin administré par:**  
**Authorized organization / Organisme agréé:**

Click the Printer to Print your proof of vaccination.

Be sure to keep it in a safe place.



**You're all done!**



**Great Job!  
Now you can show your  
proof of vaccination!**