



## VaxRecordNS Support Request Form

*Please do not include your health card number at this time. Staff will ask you for your personal health information / health card number only when or if it is necessary.*

\* First Name

\* Last Name

\* Date of Birth (yyyy-mmm-dd)

\* Email

Contact Number

\* Issue

\* Device Used

We are collecting your personal information on this form pursuant to the *Personal Health Information Act (PHIA)* and the *Health Protection Act (HPA)* for verification in our internal records to assist with troubleshooting your account. For questions related to health privacy, contact the health privacy office at 1-855-640-4765.

*Our target for issue resolution is 3 business days.  
If you have an emergency need for your immunization records,  
call your local public health office at 1-844-515-0675.*