

Vaccine Certificate Flowchart: Thorold Community Arenas

I am a Spectator...

I am 11 or younger...

Please have ready:

1. Pre-Screening Check
2. Staff may request personal identification for children/ youth if age is uncertain

I am 12 or older...

Please have ready:

1. Proof of Double Vaccination
2. Personal Identification
3. Pre-Screening Check

I am a Participant...

I am participating in an organized sport or athletic program:

Hockey
Figure Skating
Synchro
Ringette

I am participating in a drop-in or passive activity:

Public/ Family Skate
Senior Skate
Tiny Tots
Adult Skate

I am 17 or younger...

Please have ready:

1. Pre-Screening Check
2. Staff may request personal identification for children/ youth if age is uncertain

I am 18 or older...

Please have ready:

1. Proof of Double Vaccination
2. Personal Identification
3. Pre-Screening Check

I am 12 or older...

Please have ready:

1. Pre-Screening Check
2. Staff may request personal identification for children/ youth if age is uncertain

I am 11 or younger...

I am a coach, volunteer or official...

My organization requires me to be double vaccinated.

Please have ready:

1. Proof of Double Vaccination
2. Personal Identification
3. Pre-Screening Check

My organization does not require me to be double vaccinated.

Please have ready:

1. Pre-Screening Check
2. Permit administrators are responsible for providing a list of volunteer names 72 hours prior to program. If your name does not appear on our lists, proof of double vaccination is required.

Helpful Links:

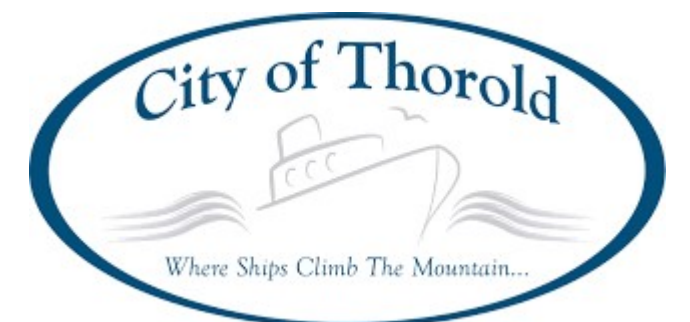
[Thorold Community Arena Screening](#)



[Thorold Screening Questions](#)



[Downloadable COVID-19 Certificate](#)



What will staff be looking for?

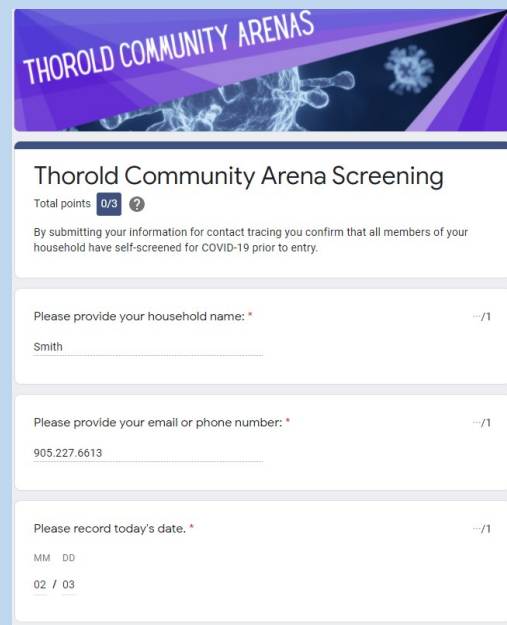
Pre-Screening

** each household must complete a pre-screening form prior to entering the arena*

1. Use the QR code to submit your household name, phone number and date:



2. Show staff your results upon arrival. This can be saved as a screenshot.



The screenshot shows a digital form titled "THOROLD COMMUNITY ARENAS" and "Thorold Community Arena Screening". It includes a progress indicator "Total points 0/3" and a disclaimer: "By submitting your information for contact tracing you confirm that all members of your household have self-screened for COVID-19 prior to entry." The form has three input fields: "Please provide your household name: *" with the example "Smith", "Please provide your email or phone number: *" with the example "905.227.6613", and "Please record today's date, *" with the example "MM DD 02 / 03".

Note:

A tablet will be available for participants to complete screening upon arrival if they choose. Covid-19 screening questions can be viewed upon entering arena or on our website at www.thorold.ca/arenas.

If members from the same household are entering at different times, both individuals must show screening results.

Personal Identification

** for select persons only—see flowchart*

Original or Copy/ Photo of:

- Birth certificate
- Citizenship card
- Driver's license
- Government (Ontario or other) issued identification card, including health card (Red and White not accepted)
- Indian Status Card /Indigenous Membership Card
- Passport
- Permanent Resident card

STAFF WILL VERIFY
NAME AND DATE OF BIRTH

Vaccine Certificate

** for select persons only—see flowchart*

Ontario Ministry of Health Ministère de la Santé

Name/Nom:

Health Card Number/Numéro de carte S

Date of Birth/Date de naissance

Date/Date: 2021-07-10, 10:55

Agent/Agent: COVID-19 mRNA

Product Name/Nom du

VACCINE mRNA

Diluent Product:

Lot/Lot: FA9099

Dosage/Dosage: 0.3 ml

Route/Voie: Intramuscular / Intramusculaire

Site/Site:

You have received 2 dose(s) / Vous avez reçu 2 dose(s) valide(s)

Vaccine Administered by/Vaccin Administré par:

Authorized Organization/Organisme agréé:

Note: Only valid doses are counted / Remarque: Seules les doses valides sont comptées

Please remain on the premises for the next 15 minutes for observation. You are free to leave the vaccination clinic at: 11:08 AM / Veuillez rester sur place pendant les 15 prochaines minutes aux fins d'observation. Vous pouvez quitter la séance de vaccination à: 11:08 AM.

STAFF WILL VERIFY
TYPE OF VACCINE
DOUBLE VACCINE
NAME ON CERTIFICATE