



A New Beginning Home Support Agency

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"HOME CARE FOR YOUR LOVED ONES"

March 4, 2021

Consent to Release Information to Eastern Health

As an Essential Worker, you are entitled to received a COVID-19 Vaccine. These Vaccines are to be organized and administered by Eastern Health. We have been asked by Eastern Health Authorities to collect consent for release of information and updated demographics for all essential workers within our agency. By completing the form below and signing your name, you are consenting that you would like a vaccine and that you agree to the agency releasing your information for use by the Department of Health to contact you for a vaccine. If you **do not** wish to receive a vaccine, written notice should be provided to the agency stating this.

I _____ consent for A New Beginning Home Support Agency to collect and release my personal information to Eastern Health, as stated below. Further more, by completing this consent form, I am stating that I wish to receive a COVID-19 Vaccine from Eastern Health.

Full Name: _____

Date of Birth: _____

MCP #: _____

Current Phone #: _____

Email Address: _____

Current Address: _____

Signature: _____

Date: _____