



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

Have you successfully created a VaxRecordNS account?

Yes

No

* Issue

* Device Used

* Vaccine Received at

Vaccine Category

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.*