

## Consent for Collection, Use and Disclosure of Sociodemographic Information

The Ministry of Health is collecting sociodemographic information from individuals getting the COVID-19 vaccine. This includes information about their race, ethnicity, income, household size, and language. Collection of this information is in accordance with the *Personal Health Information Protection Act, 2004* and the *COVID-19 Vaccination Reporting Act, 2021*.

If you decide to provide this information to the Ministry, the Ministry will use and disclose it for the purpose of planning how vaccines are distributed and promoted in Ontario, and other purposes authorized and required by law.

The Ministry will use the information to create reports that will be publicly available. These reports will not include any information that could be used to identify you. The Ministry will put measures and procedures in place to require that this information be used responsibly and respects people's privacy.

Any information you provide will be stored in the COVax system and will be available to health care providers at vaccination clinics. COVax is a health record system under the custody and control of the Ministry.

### Providing this information is voluntary.

You do not have to provide this information if you do not want to. You will not be denied the COVID-19 vaccine or any other services if you do not consent. You can provide answers to all, some or none of the questions.

If you do provide your information and then change your mind about it being used in the future, you can contact the Ministry to ask that your sociodemographic information cease to be used or disclosed. You can do this by emailing the Ministry at [ConsentWD@ontario.ca](mailto:ConsentWD@ontario.ca).

Do you consent to providing your information to the Ministry?

- ☐ **I consent to provide my sociodemographic data for the purposes described.**
- ☐ **If consenting for someone other than myself, I confirm that I am the substitute decision maker.**

Signature: \_\_\_\_\_

**Indicate your relationship to that person and provide your first and last name.**

Relationship: \_\_\_\_\_ Name: \_\_\_\_\_

**What is your ethnic or cultural origin(s)?**

Examples: Canadian, Chinese, East Indian, English, Italian, Filipino, Scottish, Irish, Portuguese, German, Polish, Dutch, French, Jamaican, Pakistani, Iranian, Sri Lankan, Korean, Ukrainian, Lebanese, Guyanese, Somali, Colombian, Jewish, etc.

**Which best describes you?** Select all that apply.

Race Categories	Description/examples
<input type="checkbox"/> Black	African, Afro-Caribbean, African-Canadian descent
<input type="checkbox"/> East Asian	Chinese, Korean, Japanese, Taiwanese descent
<input type="checkbox"/> Southeast Asian	Filipino, Vietnamese, Cambodian, Thai, Indonesian, other Southeast Asian descent
<input type="checkbox"/> Latino	Latin American, Hispanic descent
<input type="checkbox"/> Middle Eastern	Arab, Persian, West Asian descent, e.g., Afghan, Egyptian, Iranian, Lebanese, Turkish, Kurdish, etc.
<input type="checkbox"/> South Asian	South Asian descent, e.g., East Indian, Pakistani, Bangladeshi, Sri Lankan, Indo-Caribbean, etc.
<input type="checkbox"/> White	European descent
<input type="checkbox"/> Another race category	Please specify:

**What was your total household income before taxes last year?**

Select one.

- |  |  |
|--|--|
| <input type="checkbox"/> \$0 - \$29,999      | <input type="checkbox"/> \$100,000 - \$149,999 |
| <input type="checkbox"/> \$30,000 - \$49,999 | <input type="checkbox"/> \$150,000 or more     |
| <input type="checkbox"/> \$50,000 - \$69,999 | <input type="checkbox"/> Do not know           |
| <input type="checkbox"/> \$70,000 - \$99,999 | <input type="checkbox"/> Prefer not to answer  |

**Including yourself, how many family members live in your household on a regular basis?**

- ☐ 1   ☐ 2   ☐ 3   ☐ 4   ☐ 5   ☐ 6   Other:
- ☐ Do not know
- ☐ Prefer not to answer

**What is the language that you first learned at home in childhood and still understand?** Please specify:**In which of Canada's official languages, English or French, are you most comfortable?**

- |  |   |
|--|---|
| <input type="checkbox"/> French                  | <input type="checkbox"/> Do not know          |
| <input type="checkbox"/> English                 | <input type="checkbox"/> Neither              |
| <input type="checkbox"/> Both English and French | <input type="checkbox"/> Prefer not to answer |