

Literacy- Canadian Health Card

Name: _____

Task: With your Canadian Health Card, copy and fill in your information.

Fillable Copy → Ontario

Health • Santé

____ - ____ - ____ - ____

Born _____ Sex _____

____ Year ____ Month ____ Day ____

Iss _____ Exp _____

____ YR ____ MO ____ DA ____ YR ____ MO ____ DA

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