

## Literacy- Canadian Health Card

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

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

**Fillable Copy** Ontario

Health • Santé

\_\_\_\_\_

\_\_\_\_ - \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Born

\_\_\_\_ | \_\_\_\_ | \_\_\_\_

Year | Month | Day

Sex

\_\_\_\_

Iss

\_\_\_\_ | \_\_\_\_ | \_\_\_\_

Exp

\_\_\_\_ | \_\_\_\_ | \_\_\_\_

YR | MO | DA | YR | MO | DA