

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

____ YR ____ MO ____ DA

Exp

____ YR ____ MO ____ DA
