

# DMS \$100,000 VACCINE DRIVE REFERRAL ENTRY FORM

#IMMUNITY4RCOMMUNITY

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Date \_\_\_\_\_

Referrer Name \_\_\_\_\_

Referrer Date of Birth \_\_\_\_\_

Referrer Phone Number \_\_\_\_\_

Vaccine Recipient Name \_\_\_\_\_

Vaccine Recipient Date of Birth \_\_\_\_\_

Vaccine Recipient Phone Number \_\_\_\_\_

By signing and submitting this card, both the referrer and the vaccinated person confirm the accuracy of the information at the time of completing this referral card. They also confirm that they give full consent to the Health Services Authority (HSA) and DMS Organization to access their data and information for the sole purpose of verifying identity and full-vaccination records as described by the terms and conditions of the Vaccine Lottery.

Referrer Signature \_\_\_\_\_

Vaccinated Recipient Signature \_\_\_\_\_

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# DMS

For full details of the vaccine lottery, terms and conditions and data privacy information please visit [www.caymanians.org](http://www.caymanians.org).