Saskatchewan

Notification of COVID-19 Vaccine Administration

Please complete this form and email it to eHealth Saskatchewan, at the time of immunization. Every dose of the COVID-19 vaccine will be documented into the provincial electronic immunization registry in the interest of maintaining complete client immunization records.

All providers email this form to eHealth Saskatchewan at Panoramareportimms@health.gov.sk.ca or fax to 306-787-6296 or 306-787-6259.

Please complete as fillable PDF or Print Only

❑ **Physician** ❑ **Nurse Practitioner** ❑ **Registered Nurse** ❑ **Licensed Practical Nurse**

❑ **Registered Psychiatric Nurse** ❑ **Pharmacist** ❑ **Other** _____ **(specify)**

Facility/Clinic Name: _____

Phone Number: _____ Address: _____

B. Client Information:

Client Name: _____ (Last Name) (First Name)

Birth Date: _____ (YYYY/MM/DD) Gender: ❑ Male ❑ Female ❑ Other

Age category: ❑16-69 years ❑ 70-74 years ❑ 75-79 years ❑ ≥ 80 years ❑ Unknown

Risk Category: ❑ HCW ❑ LTC Resident ❑ LTC Staff ❑ PCH Resident ❑ PCH Staff

HSN#: (indicate province) _____

Client Address: _____

City/Town: _____ Postal Code: _____

Phone number: (h) _____ (w) _____ (c) _____

Parent/Guardian providing consent: _____

C. Vaccine Information:

VACCINE	DATE GIVEN YYYY/MM/DD	DOSE	LOT NUMBER	EXPIRY DATE	SITE and ROUTE	GIVEN BY (Name and designation)
Pfizer / BioNTech		**0.3 ml**				
Moderna		**0.5 ml**				

To be completed by eHealth Saskatchewan when entered in Panorama: Initials _____

CONFIDENTIAL