Out of Province COVID-19 Immunization Submission Form

IMPORTANT: **Proof of Vaccination** documentation (scanned document or photo) must be attached containing the following information, which must be clearly visible:

* Your First and Last **Name**
* **Date** Vaccine Administered
* Vaccine **Brand** Received,
* **Location** Where Vaccine Received

All fields are mandatory except the second dose information if you have received only your first dose out of province.

Submit form with attached **Proof of Vaccination** documentation to the following email address:
Panoramareportimms@health.gov.sk.ca

Please be advised our current turnaround time for entry of Out of Province COVID-19 vaccination submissions is 3-5 business days.

Contact information for **eHealth Saskatchewan:** **Toll Free**: 1-844-767-8259 (Canada and USA)

Personal Information Required to Record Vaccination:

First Name:		Last Name:	
Date of Birth:	YYYY: MM: DD:	Saskatchewan Health Services Number:	
Gender:	◯ Female ◯ Male ◯ Other		
Address:		City:	
Postal Code:		Phone:	
Email Address:			

Vaccination Information:

1st Vaccine Date:	YYYY: MM: DD:	1st Vaccine Brand:	
1st Vaccine Location:	Country:	City:	
2nd Vaccine Date:	YYYY: MM: DD:	2nd Vaccine Brand:	
2nd Vaccine Location:	Country:	City:	

☐ I hereby acknowledge the above information, including attached **Proof of Vaccination** documentation, is accurate and subject to being audited for verification of the information provided.

Name: _____ **Date:** _____

(type or print name here)