Saskatchewan Health Authority

PANORAMA

Saskatchewan

INSTRUCTIONS:
- Complete every field
- Print legibly
- Do not use abbreviations unless specified
- Review for completeness before submitting
- Submit only 1 line list per email
- Provide a contact name and phone number in the email in case follow-up is needed.

PFIZER- BioNTech Bivalent COVID-19 Vaccine Registration Form
12 Years and Older

HCP = Health Care Provider

****PLEASE PRINT LEGIBLY****

Fax to 306-787-6296 or 306-787-6259 or Scan both sides and email to: Panoramareportimms@health.gov.sk.ca

Date:___________________________

Clinic Location (Site and City/Town):____

HCP Name (Printed): ____________________________ HCP Designation: ❑ Physician ❑ RN

HCP Name (Signature): __________________________ ❑ Other ________________

Vaccine Name: Pfizer-BioNTech Bivalent COVID – 19 VACCINE

Lot Number:

Dose: 0.3 ml

Route: IM

				DOB	GENDER	SITE				
	HSN	LAST NAME	FIRST NAME	YYYY/MM/DD	F or M Other	LA RA	COMMUNITY/CITY OF RESIDENCE	Consent Granted	VACCINE GIVEN: HCP INITIALS	Entered on Panorama
1										
2										
3										
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6										
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10										
11										

USE BOTH SIDES OF FORM

****SCAN BOTH SIDES OF THE FORM****

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