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.

Pediatric 5-11 years Pfizer-BioNTech Bivalent COVID-19 Vaccine Registration Form

5-11 Years ONLY

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: Pediatrics Pfizer-BioNTech 5-11 Years Bivalent COVID – 19 VACCINE

Lot Number:

Dose: 0.2 ml

Route: IM

				DOB	GENDER	SITE				
	HSN	LAST NAME	FIRST NAME	YYYY/MM/DD	F or M	LA RA	COMMUNITY/CITY OF RESIDENCE	Consent Granted	VACCINE GIVEN: HCP INITIALS	Entered on Panorama
1										
2										
3										
4										
5										
6										
7										
8										
9										
10										
11										

*****USE BOTH SIDES OF FORM*****

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

Pediatric Pfizer-BioNTech COVID-19 Bivalent Vaccine 5 to 11 Years

INSTRUCTIONS:

- Complete every field
- Print legibly
- Do not use abbreviations
- 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.

	HSN	LAST NAME	FIRST NAME	DOB	GENDER	SITE	COMMUNITY/CITY OF RESIDENCE	Consent Granted	VACCINE GIVEN: HCP INITIALS	Entered on Panorama
				YYYY/MM/DD	F or M	LA RA				
1										
2										
3										
4										
5										
6										
7										
8										
9										
10										
11										
12										
13										
14										