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.

Moderna SPIKEVAX XBB.1.5 COVID-19 Vaccine Registration Form

6 Months 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: Moderna Spikevax XBB.1.5 COVID – 19 VACCINE

Lot Number:

Dose: 12 years+= 0.5 ml; 6 months to 11 years= 0.25 ml

Route: IM

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

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

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

Moderna Bivalent XBB.1.5 COVID-19 Vaccine 6 Months and Older

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	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 LL RL				
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