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.

Infant-Pediatric Pfizer Comirnaty® XBB.1.5 COVID-19 Vaccine Registration Form

6 Months to 4 Years

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 Comirnaty® 6 months to 4 years XBB.1.5 COVID-19 VACCINE**

Lot Number:

Dose: 0.2 ml

Route: IM

	HSN	LAST NAME	FIRST NAME	DOB	GENDER	SITE			
				YYYY/MM/DD	F M Other	LA RA LL RL	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******

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