

Immunization & TB Skin Test Notification Form - Single Patient

All publicly funded vaccines must be documented into Panorama.

Non-publicly funded vaccines may be documented on this form.

Complete & fax this form to Public Health (fax numbers on page 2) within 24 hours.

It is required to review the individual's immunization history in the [eHR Viewer](#) before immunizing them.

A. CLIENT INFORMATION (Print or apply label)

Name: _____ Birthdate: _____ HSN: _____
Last Name First Name YYYY/MM/DD

Gender: Female Male Other **Pregnant?** YES NO

B. PROVIDER INFORMATION (Print or apply stamp)

Provider Name: _____ Phone: _____ Fax: _____
 Facility Name and Address: _____
Postal Code

C. VACCINE INFORMATION

Date given			Vaccine Name	Dosage	Route*	Site	Lot #	Expiry date	Dose #	Reason for immunization (e.g., animal bite, tetanus prophylaxis, medical risk factor)
YYYY	MM	DD								
				<input type="checkbox"/> 0.5 mL <input type="checkbox"/> 1.0 mL <input type="checkbox"/> Other ____	<input type="checkbox"/> IM <input type="checkbox"/> PO <input type="checkbox"/> IN <input type="checkbox"/> ID <input type="checkbox"/> SC <input type="checkbox"/> Other ____	<input type="checkbox"/> Rt Arm <input type="checkbox"/> Lt Arm <input type="checkbox"/> Rt Leg <input type="checkbox"/> Lt Leg <input type="checkbox"/> Multiple Sites <input type="checkbox"/> Other ____				
				<input type="checkbox"/> 0.5 mL <input type="checkbox"/> 1.0 mL <input type="checkbox"/> Other ____	<input type="checkbox"/> IM <input type="checkbox"/> PO <input type="checkbox"/> IN <input type="checkbox"/> ID <input type="checkbox"/> SC <input type="checkbox"/> Other ____	<input type="checkbox"/> Rt Arm <input type="checkbox"/> Lt Arm <input type="checkbox"/> Rt Leg <input type="checkbox"/> Lt Leg <input type="checkbox"/> Multiple Sites <input type="checkbox"/> Other ____				
				<input type="checkbox"/> 0.5 mL <input type="checkbox"/> 1.0 mL <input type="checkbox"/> Other ____	<input type="checkbox"/> IM <input type="checkbox"/> PO <input type="checkbox"/> IN <input type="checkbox"/> ID <input type="checkbox"/> SC <input type="checkbox"/> Other ____	<input type="checkbox"/> Rt Arm <input type="checkbox"/> Lt Arm <input type="checkbox"/> Rt Leg <input type="checkbox"/> Lt Leg <input type="checkbox"/> Multiple Sites <input type="checkbox"/> Other ____				
				<input type="checkbox"/> 0.5 mL <input type="checkbox"/> 1.0 mL <input type="checkbox"/> Other ____	<input type="checkbox"/> IM <input type="checkbox"/> PO <input type="checkbox"/> IN <input type="checkbox"/> ID <input type="checkbox"/> SC <input type="checkbox"/> Other ____	<input type="checkbox"/> Rt Arm <input type="checkbox"/> Lt Arm <input type="checkbox"/> Rt Leg <input type="checkbox"/> Lt Leg <input type="checkbox"/> Multiple Sites <input type="checkbox"/> Other ____				

*Route: IM – Intramuscular SC – Subcutaneous PO – By Mouth ID – Intradermal IN – Intranasal

D. TB SKIN TEST

Date Administered			Date Read			Result	Lot Number
YYYY	MM	DD	YYYY	MM	DD		
						_____ mm	

COMMENTS _____

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FAX this form to the appropriate [Public Health Office](#)

Public Health Office	Fax Numbers
Athabasca Health Authority	306-439-2210
Weyburn including Networks SE 6-9 , Fort Qu'Appelle, Grenfell, Indian Head, Moosomin, Coronach, Radville, Weyburn, Estevan, Carnduff, Redvers, Carlyle, Kipling	306-842-8637
Moose Jaw including Networks SW 3 and 6 , Moose Jaw, Assiniboia and Gravelbourg	306-691-2331
Swift Current including Networks SW 4-6 , Leader, Maple Creek, Shaunavon	306-778-5282
Regina	306-766-7906
Saskatoon including Networks 1-5	306-655-4711
Rosetown including Networks SW 1-2 , Unity, Wilkie, Macklin, Kerrobert, Kindersley, Eston, Eatonia, Rosetown, Elrose, Kyle, Biggar, Outlook, Davidson, Kenaston, Loreburn, Dinsmore, Lucky Lake and Beechy	306-882-4683
Melfort including Networks NE 5, 7, 8 , Kelvington, Tisdale, Nipawin, Hudson Bay, Cumberland House	306-752-6353
Prince Albert including Networks NE 3-4 and NW 5 , Spiritwood	306-765-6536
North Battleford including Networks NW 2-6	306-446-7378
La Ronge including Networks NW 1 and NE 1-2	306-425-8530
Watrous including Networks SE 1, 2 and NE 6	306-946-2369
Networks SE 3-5	
• Canora Networks	306-563-4175
• Esterhazy Networks	306-745-3207
• Foam Lake	306-272-4449
• Kamsack	306-542-2995
• Langenburg	306-743-2899
• Melville	306-728-4925
• Norquay	306-594-2488
• Preeceville	306-547-2092
• Yorkton	306-786-5004
Indigenous Services Canada – SK branch	306-780-8826
Northern Inter-Tribal Health Authority	306-922-5020