Saskatchewan Health Authority

PANORAMA

Saskatchewan

Moderna SPIKEVAX® COVID-19 Vaccine Registration Form 6 Months and Older

- 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.

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 _____

Moderna Spikevax®

Lot Number:

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

Route: IM

	HSN	LAST NAME	FIRST NAME	DOB YYYY/MM/DD	GENDER FEMALE MALE OTHER	DOSAGE 0.25 ml OR 0.5 ml	SITE LA RA LL RL	COMMUNITY/CITY OF RESIDENCE	Consent Granted	VACCINE GIVEN: HCP INITIALS	Entered on Panorama
1											
2											
3											
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9											
10											
11											

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

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

Moderna Spikevax® COVID-19 Vaccine 6 Months and Older

Date:_____
Clinic Location (Site and City/Town): _____
HCP Name (Printed): _____ HCP Designation: ❑ Physician ❑ RN
HCP Name (Signature): _____ ❑ Other _____

Vaccine Name: Moderna Spikevax®
Lot Number:
Dosage: 12 years+= 0.5 ml 6 months to 11 years= 0.25 ml
Route: IM

	HSN	LAST NAME	FIRST NAME	DOB	GENDER	DOSAGE	SITE				
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