

### Notification of COVID-19 Vaccine Administration

Please complete this form and email it to eHealth Saskatchewan, at the time of immunization. Every dose of the COVID-19 vaccine will be documented into the provincial electronic immunization registry in the interest of maintaining complete client immunization records. All providers email this form to eHealth Saskatchewan at

[Panoramareportimms@health.gov.sk.ca](mailto:Panoramareportimms@health.gov.sk.ca) or fax to 306-787-6296 or 306-787-6259.

Please complete as fillable PDF or Print Only

<input type="checkbox"/> Physician <input type="checkbox"/> Nurse Practitioner <input type="checkbox"/> Registered Nurse <input type="checkbox"/> Licensed Practical Nurse <input type="checkbox"/> Registered Psychiatric Nurse <input type="checkbox"/> Pharmacist <input type="checkbox"/> Other: _____ <span style="margin-left: 400px;">(specify)</span> Facility/Clinic Name: _____ Phone Number: _____ Address: _____							
<b>B. Client Information:</b>							
Client Name: _____ <div style="display: flex; justify-content: space-between; width: 100%;"> <span style="font-size: small;">Last Name</span> <span style="font-size: small;">First Name</span> </div> Birth Date: _____ Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other Risk Category: <input type="checkbox"/> HCW – SHA <input type="checkbox"/> HCW – Non SHA <input type="checkbox"/> LTC Resident <input type="checkbox"/> LTC Staff – SHA <input type="checkbox"/> LTC Staff – Non SHA <input type="checkbox"/> PCH Resident <input type="checkbox"/> PCH Staff <input type="checkbox"/> N/A HSN#: (indicate province) _____ Client’s Residential Address: _____ Community/City of Residence: _____ Postal Code: _____ Phone number: (h) _____ (w) _____ (c) _____ Parent/Guardian name providing consent: _____							
<b>C. Vaccine Information:</b>							
VACCINE	DATE GIVEN YYYY/MM/DD	LOT NUMBER	EXPIRY DATE	DOSAGE (circle)	ROUTE	SITE (circle)	GIVEN BY (Print name and designation)
Pfizer Comirnaty® 12+ years				0.3 ml	IM	LA RA	
Moderna Spikevax® 6+ months				0.5ml 0.25ml	IM	LA RA LL RL	

To be completed by eHealth Saskatchewan when entered in Panorama: Initials \_\_\_\_\_

**Acute Care – Retain on Health Record – Send copy with patient/resident on transfer.**