

### 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

Physician  
  Nurse Practitioner  
  Registered Nurse  
  Licensed Practical Nurse  
 Registered Psychiatric Nurse  
  Pharmacist  
  Other: \_\_\_\_\_  
 (specify)

Facility/Clinic Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Address: \_\_\_\_\_

**B. Client Information:**

Client Name: \_\_\_\_\_  
Last Name First Name

Birth Date: \_\_\_\_\_ Gender:  Male  Female  Other

Risk Category:  HCW – SHA  
 HCW – Non SHA  
 LTC Resident  
 LTC Staff – SHA  
 LTC Staff – Non SHA  
 PCH Resident  
 PCH Staff  
 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: \_\_\_\_\_

**C. Vaccine Information:**

VACCINE	DATE GIVEN YYYY/MM/DD	LOT NUMBER	EXPIRY DATE	DOSAGE (circle)	ROUTE	SITE (circle)	GIVEN BY (Print name and designation)
Pfizer Comirnaty® XBB.1.5 - 12+ years				0.3 ml	IM	LA RA	
Pfizer Comirnaty® XBB.1.5 - 5-11 years				0.3 ml	IM	LA RA	
Pfizer Comirnaty® XBB.1.5 - 6 months- 4 years				0.2 ml	IM	LA RA LL RL	
Moderna Spikevax™ XBB.1.5 - 6 months +				0.5 ml 0.25ml	IM	LA RA LL RL	
Novavax Nuvaxovid™ XBB.1.5 – - 12+ years				0.5 ml	IM	LA RA	

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

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