

	Name of Activity – Completion of COVID-19 Vaccine Notification of Vaccine Administration and Pfizer, Moderna, and Novavax Vaccine Registration Forms		
	Role Performing Activity: COVID-19 Vaccine Immunizers		
Panorama – Immunization WORK STANDARD	Location: COVID-19 Immunization Manual	Department: Population Health Branch	
	Document Owner: Ministry of Health		
	Date Prepared: January 21, 2021	Last Revision: 2023-10-04	Date Approved:

Purpose: To ensure that the forms submitted are accurate and complete in order for the back entry into Panorama to be completed within 24 hours of vaccine administration. **Forms MUST be submitted daily as outlined below.** This work standard references the Notification of COVID-19 Vaccine Administration Form and the following vaccine-specific registration forms developed by the Ministry of Health which are available in the [COVID-19 Immunization Manual](#):

mRNA XBB.1.5 COVID-19 Vaccines

- Pfizer Comirnaty® 12 Years and Over XBB.1.5 Registration Form
- Pediatric Pfizer Comirnaty® 5-11 Years XBB.1.5 Registration Form
- Infant Pediatric Comirnaty® Pfizer 6 months to 4 Years XBB.1.5 Registration Form
- Moderna Spikevax™ XBB.1.5 Registration Form

Non-mRNA Original COVID-19 Vaccine

- Novavax Nuvaxovid™ 12 Years and Over Registration Form

Essential Tasks:	
1	Use the Saskatchewan Ministry of Health Forms for vaccines administered that will be submitted to eHealth for back entry into Panorama.
2	Submit 1 form per lot number.
3	Submit forms to eHealth at the following times each day: <ul style="list-style-type: none"> • For morning clinics submit forms by 1:00 PM • For afternoon clinics submit forms by 6:00 PM • For evening clinics submit immediately after the clinic.
4	Print legibly.
5	For all registration forms: <ul style="list-style-type: none"> • Complete every field at the top of the form including date, clinic location (include site and city or town), Health Care Provider (HCP) name, HCP designation, and lot number. This information applies to all clients on both pages of the form. • Complete the client HSN, last name, first name, DOB, gender, site, community/city of residence. Time of immunization does not need to be recorded. • Once the client is immunized, the immunizer initials in the column Vaccine Given: HCP Initials. • Initial in the column Entered on Panorama only when the data is entered in Panorama.
6	Notification of COVID-19 Vaccine Administration Form <ul style="list-style-type: none"> • Place a check mark in the box beside the provider type who is immunizing. • Complete the facility/clinic name, phone number of the facility/clinic and the address. • Complete the client information. • Complete every field in the remaining client information. • Complete the date, the lot number, expiry date, site and route under the Vaccine Information field. • Sign beside the vaccine information and add provider designation (e.g. RN)
7	Fax forms to 306-787-6296 or 306-787-6259 or email forms to Panoramareportimms@health.gov.sk.ca. Include a contact name and phone number in case of follow-up questions.
8	Submit only the forms where data has not been entered in Panorama.