

	<b>Name of Activity – Completion of COVID-19 Vaccine Notification of Vaccine Administration and Registration Forms</b>		
	<b>Role Performing Activity: COVID-19 Vaccine Immunizers</b>		
<b>Panorama – Immunization WORK STANDARD</b>	<b>Location:</b> COVID-19 Immunization Manual		<b>Department:</b> Population Health Branch
	<b>Document Owner:</b> Ministry of Health		
	<b>Date Prepared:</b> January 21, 2021	<b>Last Revision:</b> 2025-09-17	<b>Date Approved:</b>

**Purpose:** To ensure that the forms submitted are accurate and complete for the back entry into Panorama, **forms MUST be submitted within 2 days as outlined below.** This work standard references the Notification of COVID-19 Vaccine Administration Form and vaccine-specific registration forms developed by the Ministry of Health which are available in the [COVID-19 Immunization Manual](#).

Essential Tasks:	
1	<b>Use the Saskatchewan Ministry of Health Forms for vaccines administered. Submit to eHealth for back entry into Panorama.</b>
2	<b>Submit 1 form per lot number.</b>
3	<b>Submit forms to eHealth within 2 days.</b>
4	<b>Print legibly.</b>
5	<b>For all registration forms:</b> <ul style="list-style-type: none"> <li>Complete <b>every field</b> 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.</li> <li>Complete the client HSN, last name, first name, DOB, gender, site, community/city of residence. Time of immunization does not need to be recorded.</li> <li>Once the client is immunized, the immunizer initials in the column <b>Vaccine Given: HCP Initials.</b> Initial in the column <b>Entered on Panorama</b> only when the data is entered in Panorama.</li> </ul>
6	<b>Notification of COVID-19 Vaccine Administration Form</b> <ul style="list-style-type: none"> <li>Place a check mark in the box beside the <b>provider type</b> who is immunizing.</li> <li>Complete the <b>facility/clinic name, phone number of the facility/clinic and the address.</b></li> <li>Complete the <b>client information.</b></li> <li>Complete <b>every field</b> in the remaining client information.</li> <li>Complete <b>the date, the lot number, expiry date, site and route under the Vaccine Information field.</b></li> <li><b>Sign</b> beside the vaccine information and <b>add provider designation (e.g. RN)</b></li> </ul>
7	<b>Fax forms to 306-787-6296 or 306-787-6259 or email forms to <a href="mailto:Panoramareportimms@health.gov.sk.ca">Panoramareportimms@health.gov.sk.ca</a>.</b> Include a contact name and phone number in case of follow-up questions.
8	<b>Submit forms only if data has not been entered in Panorama or CQE.</b>

### **2025-26 COVID-19 Vaccines**

- Pfizer Comirnaty® 12 Years + Registration Form
- Moderna Spikevax® 6 months + Registration Form