Saskatchewan Health Authority

PANORAMA

Saskatchewan

FLUAD influenza vaccine registration form

Everyone 65+ years

****PLEASE PRINT LEGIBLY****

Scan both sides & email to: Panoramareportimms@health.gov.sk.ca or fax to 306-787-6296 or 306-787-6259

Date:	Facility Name:		Clinic Location					
Phone:			Lot Number:					
Immunizer Name (Printed):			Dose/route: 0.5 ml IM					
Immunizer Name (Signature):								
	HSN	LAST NAME	FIRST NAME	DOB YYYY/MM/DD	GENDER F or M	SITE LL RL LA RA	*VACCINE GIVEN: IMMUNIZER INITIALS*	☑ *Entered in Panorama*
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USE BOTH SIDES OF FORM

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

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				YYYY/MM/DD	F or M	LL RL LA RA		
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