



6 months & older: Injectable Influenza Vaccine Registration Form

****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:		Vaccine Name:					
Clinic Location:		Phone:		Lot Number:					
Immunizer Name (Printed):				Dose/route all ages: 0.5 ml IM					
Immunizer Name (Signature):									
	HSN	LAST NAME	FIRST NAME	DOB	GENDER	SITE		VACCINE GIVEN: IMMUNIZER INITIALS	<input checked="" type="checkbox"/> Entered in Panorama
				YYYY/MM/DD	F or M	LL LA	RL RA		
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									
11									

USE BOTH SIDES OF FORM

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

6 months & older: Injectable Quadrivalent Influenza Vaccine (QIV) Registration Form

	HSN	LAST NAME	FIRST NAME	DOB	GENDER	SITE		VACCINE GIVEN: IMMUNIZER INITIALS	<input checked="" type="checkbox"/> Entered in Panorama
				YYYY/MM/DD	F or M	LL LA	RL RA		
12									
13									
14									
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