Saskatchewan
Health Authority

Saskatchewan

Injectable Quadrivalent Influenza Vaccine (QIV) Registration Form

HCP = Health Care Provider

****PLEASE PRINT LEGIBLY****

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

Date:	Vaccine Name:
Clinic Location: Phone:	Lot Number:
HCP Name (Printed):	Dose: 0.5 ml
HCP Name (Signature):	Route: IM

	HSN	LAST NAME	FIRST NAME	DOB YYYY/MM/DD	GENDER F or M	SITE LL RL LA RA	*VACCINE GIVEN: HCP INITIALS*	*Entered on Panorama*
1								
2								
3								
4								
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11								

USE BOTH SIDES OF FORM

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

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