



Notification of Influenza Vaccine Administration

Complete this form and email it to eHealth Saskatchewan, at the time of immunization. Every dose of influenza vaccine must be documented into the provincial electronic immunization registry in the interest of maintaining complete client immunization records.

All providers email this form to eHealth Saskatchewan at Panoramareportimms@health.gov.sk.ca

Please complete as fillable PDF or Print Only

Physician
 Nurse Practitioner
 Registered Nurse
 Licensed Practical Nurse
 Registered Psychiatric Nurse
 Pharmacist
 Other _____
(specify)

Provider Name: _____

Facility/Clinic Name: _____

Phone Number: _____ Address: _____

B. Client Information:

Client Name: _____
Last Name First Name

Birth Date: YYYY/MM/DD Gender: Male Female Other

HSN#: (indicate province) _____

Client Address: _____

City/Town: _____ Postal Code: _____

Phone number: (h) _____ (w) _____ (c) _____

Parent/Guardian providing consent: _____

C. Vaccine Information:

Administration Date	Fluzone Quad.	FluLaval Tetra	Afluria Tetra	Fluzone HD	Dosage IM	Site	Lot Number
YYYY/MM/DD	6+ months	6+ months	5+ yrs only	65+ yrs only	(e.g., 0.5 or 0.7 ml)	RA LA RL LL	

Comments:

To be completed by eHealth Saskatchewan when entered in Panorama: Initials _____