



### Notification of Influenza Vaccine Administration

Please complete this form and email it to eHealth Saskatchewan, at the time of immunization. Every dose of influenza vaccine will 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](mailto: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: \_\_\_\_\_ Gender:  Male  Female  Other  
YYYY/MM/DD

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, route, site (e.g., 0.5 ml IM left arm)	Lot Number	Location of Service (i.e.; Name of clinic; pharmacy)
<small>YYYY/MM/DD</small>							

**Comments:**

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