



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 6+ months	Fluviral 6+ months	Fluad 65+ years	Dosage	Site RA LA RL LL	Lot Number
YYYY/MM/DD				0.5 mL IM		

Comments:

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