Saskatchewan Health Authority

PANORAMA

Saskatchewan

Standard Dose Influenza Vaccine Registration Form

Everyone 6 months and older

******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 YYYY/MM/DD	GENDER F or M	SITE LL RL LA RA	*VACCINE GIVEN: IMMUNIZER INITIALS*	☑ *Entered in Panorama*
1								
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*****USE BOTH SIDES OF FORM*****

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

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