Saskatchewan Health Authority

PANORAMA

Saskatchewan

INSTRUCTIONS:
- Complete every field
- Print legibly
- Do not use abbreviations unless specified
- Review for completeness before submitting
- Submit only 1 line list per email
- Provide a contact name and phone number in the email in case follow-up is needed.

Pfizer Comirnaty® XBB.1.5 COVID-19 Vaccine Registration Form
12 Years and Older

HCP = Health Care Provider

****PLEASE PRINT LEGIBLY****

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

Date:_____

Clinic Location (Site and City/Town):_____

HCP Name (Printed): _____ HCP Designation: ❑ Physician ❑ RN

HCP Name (Signature): _____ ❑ Other _____

Vaccine Name: Pfizer Comirnaty® 12+ XBB.1.5 COVID – 19 VACCINE

Lot Number:

Dose: 0.3 ml

Route: IM

	HSN	LAST NAME	FIRST NAME	DOB YYYY/MM/DD	GENDER F M Other	SITE LA RA	COMMUNITY/CITY OF RESIDENCE	Consent Granted	VACCINE GIVEN: HCP INITIALS	Entered on Panorama
1										
2										
3										
4										
5										
6										
7										
8										
9										
10										
11										

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

Pfizer Comirnaty® 12+ years XBB.1.5 COVID-19 Vaccine

	HSN	LAST NAME	FIRST NAME	DOB YYYY/MM/DD	GENDER F M Other	SITE LA RA	COMMUNITY/CITY OF RESIDENCE	Consent Granted	VACCINE GIVEN: HCP INITIALS	Entered on Panorama
1										
2										
3										
4										
5										
6										
7										
8										
9										
10										
11										
12										
13										
14										