Immunization & TB Skin Test Notification Form - Single Patient

All publicly funded vaccines must be documented into Panorama.
Non-publicly funded vaccines may be documented on this form.
Complete & fax this form to Public Health (fax numbers on page 2) within 24 hours.
It is required to review the individual's immunization history in the eHR Viewer before immunizing them.

A. CLIENT INFORMATION (Print **or** apply label)

Name: ______________________________ **Birthdate**: ____________ **HSN**: ____________________
Last Name First Name YYYY/MM/DD

Gender: ☐Female ☐Male ☐Other **Pregnant?** ☐YES ☐NO

B. PROVIDER INFORMATION (Print **or** apply stamp)

Provider Name: __________________________ **Phone:** ________________ **Fax:** ________________________
Facility Name and Adress: ____
Postal Code

C. VACCINE INFORMATION

Date given			Vaccine Name	Dosage	Route*	Site	Lot #	Expiry date	Dose #	Reason for immunization (e.g., animal bite, tetanus prophylaxis, medical risk factor)
YYYY	MM	DD								
				❑ 0.5 mL ❑ 1.0 mL ❑ Other ___	❑ IM ❑ PO ❑ IN ❑ ID ❑ SC ❑ Other___	❑ Rt Arm ❑ Lt Arm ❑ Rt Leg ❑ Lt Leg ❑ Multiple Sites ❑ Other_____				
				❑ 0.5 mL ❑ 1.0 mL ❑ Other ___	❑ IM ❑ PO ❑ IN ❑ ID ❑ SC ❑ Other___	❑ Rt Arm ❑ Lt Arm ❑ Rt Leg ❑ Lt Leg ❑ Multiple Sites ❑ Other_____				
				❑ 0.5 mL ❑ 1.0 mL ❑ Other ___	❑ IM ❑ PO ❑ IN ❑ ID ❑ SC ❑ Other___	❑ Rt Arm ❑ Lt Arm ❑ Rt Leg ❑ Lt Leg ❑ Multiple Sites ❑ Other_____				
				❑ 0.5 mL ❑ 1.0 mL ❑ Other ___	❑ IM ❑ PO ❑ IN ❑ ID ❑ SC ❑ Other___	❑ Rt Arm ❑ Lt Arm ❑ Rt Leg ❑ Lt Leg ❑ Multiple Sites ❑ Other_____				

***Route:** **IM – Intramuscular** **SC – Subcutaneous** **PO – By Mouth** **ID – Intradermal** **IN– Intranasal**

D. TB SKIN TEST

Date Administered			Date Read			Result	Lot Number
YYYY	MM	DD	YYYY	MM	DD		
						_____ mm	

COMMENTS ____

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saskatchewan.ca HealthLine 811 Saskatchewan

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FAX this form to the appropriate Public Health Office

Public Health Office	Fax Numbers
Athabasca Health Authority	306-439-2210
Weyburn including **Networks SE 6-9**, Fort Qu'Appelle, Grenfell, Indian Head, Moosomin, Coronach, Radville, Weyburn, Estevan, Carnduff, Redvers, Carlyle, Kipling	306-842-8637
Moose Jaw including **Networks SW 3 and 6**, Moose Jaw, Assiniboia and Gravelbourg	306-691-2331
Swift Current including **Networks SW 4-6**, Leader, Maple Creek, Shaunavon	306-778-5282
Regina	306-766-7906
Saskatoon including **Networks 1-5**	306-655-4711
Rosetown including **Networks SW 1-2,** Unity, Wilkie, Macklin, Kerrobert, Kindersley, Eston, Eatonia, Rosetown, Elrose, Kyle, Biggar, Outlook, Davidson, Kenaston, Loreburn, Dinsmore, Lucky Lake and Beechy	306-882-4683
Melfort including **Networks NE 5, 7, 8,** Kelvington, Tisdale, Nipawin, Hudson Bay, Cumberland House	306-752-6353
Prince Albert including **Networks NE 3-4 and NW 5**, Spiritwood	306-765-6536
North Battleford including **Networks NW 2-6**	306-446-7378
La Ronge including **Networks NW 1 and NE 1-2**	306-425-8530
Watrous including **Networks SE 1, 2 and NE 6**	306-946-2369
Networks SE 3-5	
• **Canora Networks**	306-563-4175
• **Esterhazy Networks**	306-745-3207
• **Foam Lake**	306-272-4449
• **Kamsack**	306-542-2995
• **Langenburg**	306-743-2899
• **Melville**	306-728-4925
• **Norquay**	306-594-2488
• **Preeceville**	306-547-2092
• **Yorkton**	306-786-5004
Indigenous Services Canada – SK branch	306-780-8826
Northern Inter-Tribal Health Authority	306-922-5020