



**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 forms can be sent to Deanna Brown at NITHA Confidential Fax: 306-953-5020**

**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 Quad.	FluLaval Tetra	Afluria Tetra	Fluzone HD	Dosage IM	Site	Lot Number
YYYY/MM/DD	6+ months	6+ months	5+ yrs only	65+ yrs only	(e.g., 0.5 or 0.7 ml)	RA LA RL LL	

**Comments:**

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