

Saskatoon Public Health –Immunization Record Request Form - Adults

Immunization record requests can take up to 10 business days to process. The administrative fee is \$25.00

Name: _____, _____
Last Name First Name

Maiden Name (if applicable): _____ Date of Birth: _____
Year/Month/Day

Current Address: _____
Street address & name City/Town Postal Code

Valid Provincial Health Card # or Passport #: _____
(Mandatory for Saskatchewan Residents)

Primary Phone #: _____ Secondary Phone #: _____

_____ Date

_____ Client/Guardian Signature

How would you like to receive your record?

Mailed Address: _____

Faxed Name of person to receive fax: _____
Fax #: _____

Submit Immunization Record Request by one of the Following:

Fax:
306-655-4711

Mail to:
Population & Public Health
North East Office
Record Requests
#108 – 407 Ludlow Street
SASKATOON SK S7S 1P3

Email:
phsrecordline@saskatoonhealthregion.ca

Method of Payment

Record retrieval fee: \$25.00. Submit payment with your request.

VISA Mastercard Cheque enclosed – payable to: *Saskatchewan Health Authority*

Credit Card #: _____ **3 digit CSV #:** _____
(on back of card)

Expiry date: _____
Month/Year

Name of cardholder on Card: _____
Print Name

Cardholder signature: _____

Check one:

Mail receipt (include address on page one) Shred receipt