

## Saskatoon Public Health

### Immunization Record Request – 16 and Under

Immunization record requests can take up to 7 business days to process.

Name: \_\_\_\_\_  
Last Name First Name

Date of Birth: \_\_\_\_\_  
Year/Month/Day

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

Valid Provincial Health Card # (state/province): \_\_\_\_\_

Primary Phone #: \_\_\_\_\_ Mobile 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

**Mailing address:**  
Population & Public Health  
North East Office  
Immunization Record Request  
#108 – 407 Ludlow Street  
SASKATOON SK S7S 1P3

**Email:**  
phsrecordline@saskatoonhealthregion.ca