Saskatchewan Health Authority
Primary Health Care
Saskatoon Area

Immunization Record Request Form
Adults (17 years and older)

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

Name: _____ _____
Last Name First Name

Previous Name(s): _____ **Date of Birth:** _____
(if applicable) Year/Month/Day

Current Address: _____
Street address. City/Town, Postal Code

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

Primary Phone #: _____ **Secondary Phone #:** _____

Signature: _____ **Date:** _____
Client/Guardian Signature

How would you like to receive your record?

☐ **Mail:** Address: _____

_____

☐ **Fax:** Fax #: _____Attention: _____

☐ **E-Mail:*** _____
***If you want your records to be sent to your email address, please send request in by email.**
This implies your consent to receive health information by email.

Submit Immunization Record Request by one of the following:

Fax:
306-655-4711

Mail:
Public Health
Record Requests
#108 – 407 Ludlow Street
SASKATOON SK S7S 1P3

Email:*
phsrecordline@saskatoonhealthregion.ca

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Method of Payment

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

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

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

Expiry date: _____
Month/Year

Name of cardholder on Card: _____
Print Name

Cardholder signature: _____

Check one:

☐ Mail receipt ☐ Shred receipt
(Receipt can only be mailed, please include address on page one)