Saskatchewan Health Authority
Primary Health Care
Saskatoon Area

Immunization Record Request Form
16 Years Old and Younger

Immunization record requests can take up to 10 business days to process.

Child's 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 #:** _____

Parent/Guardian Name: _____

Parent/Guardian Signature: _____ **Date:** _____

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