

# ***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 Covid-19 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