

Immunization Record Request-On Line

Cost of record retrieval - \$25.00

If applicable, you will be contacted for credit card payment information.

Name: _____, _____
Last Name First Name

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

Sask. Health #/ Alternate Provincial #/ RCMP #: _____
(Mandatory for Saskatchewan Residents)

Day time Phone #: _____ Alternate Phone #: _____

Date Client/Guardian Signature

How would you like to receive your record?

Pick up # 108-407 Ludlow Street 8:00 am – 4:30 pm, Monday - Friday
• Cash, credit card or debit accepted

Mailed Address: _____

• Credit card only

Faxed Name of person to receive fax: _____
Fax #: _____
• Credit card only

Immunization record requests can take up to 7 business days to process. We will notify you when it is ready for pick up, has been mailed or faxed after payment is received.

Submit Immunization Record Request

Fax to:
306-655-4711

OR

Mailing address:
International Travel Centre
Immunization Record Request
108 – 407 Ludlow Street SASKATOON SK S7S 1P3

For Office Use Only

PHN checked data entry Date: _____
 Client contacted Date: _____