

OUTBREAK TRANSFER NOTIFICATION

Date: _____

Please be advised that _____ is being
(Name of Resident)

transferred from a facility where there is a:

<input type="checkbox"/> suspected respiratory outbreak	<input type="checkbox"/> confirmed respiratory outbreak organism: _____
<input type="checkbox"/> suspected gastroenteritis outbreak	<input type="checkbox"/> confirmed gastroenteritis outbreak organism: _____

Please ensure that appropriate isolation precautions are taken upon receipt of this resident.

FOR RESPIRATORY OUTBREAKS:

Resident is on antiviral medication:

No Yes, prophylaxis Yes, treatment

Start Date: _____

Medication name: _____

Medication dose: _____

Resident's influenza vaccination status:

No Yes; Date _____

For further information, contact

_____, Infection Control Practitioner at
(Name of Infection Control Practitioner)

_____ @ _____ - _____
(Name of Facility) (Phone Number)