

Outbreak Transfer Notification Form

Please be advised that _____ is being transferred from a home
(Name of Resident)

where there is a **potential** OR **confirmed** influenza outbreak. Please ensure that appropriate isolation precautions are taken upon receipt of this Resident.

At the time of transfer, this Resident was **confirmed** OR **suspected** OR **appears free** of influenza.

Resident is on antiviral medication _____ starting
on _____. Dose of the medication _____.

Resident's vaccination status is: Pneumococcal Yes ____ No ____ Date _____

Seasonal Influenza Vaccine Yes ____ No ____ Date _____

Pandemic Vaccine Yes ____ No ____ Date _____

For further information, contact Tiffany Smith, IPAC Lead _____.
(Name of Infection Control Practitioner)

At _____ at _____.