Outbreak Transfer Notification	
Please be advised that	is being transferred from a facility
experiencing a respiratory outbreak. Please ensure that routine practices and appropriate additional precautions are taken upon receipt of this resident.	
At the time of the transfer, the resident is: \Box A line listed case \Box Not a case	
Outbreak organism: 🛛 Influenza 🗅 Other:	□ Not yet identified
Resident is: Taking an antiviral: (specify)	For: Prophylaxis Treatment
Date started:	
Dose of medication:	
Resident vaccination status: Influenza Pneumococcal	
For further information, please contact:	
	Name of Infection Control Designate
atName of Facility	at (
Name of Facility	Phone Number

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