

Interjurisdictional Referral of a Communicable Disease

Action Required:

- Non-SK Resident for your investigation and reporting
- Exposure Event in your Jurisdiction
- SK Resident is part of an outbreak in your jurisdiction
- Assistance with follow-up of SK Resident
- FYI - SK Resident is in your jurisdiction; client is being followed by SK public health

DATE OF REFERRAL:

FROM (Health Jurisdiction)	TO (Health Jurisdiction)
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Demographic Details of **CASE** **CONTACT**

Name:	Date of Birth (YYYY/MM/DD):
Address:	Health Services Number:
Phone number:	E-mail:

Disease, Exposure Dates and Assessment Details (Complete for all referrals)

Disease:	Date of First Exposure (YYYY/MM/DD):	Date of Last Exposure (YYYY/MM/DD):	Date of symptom onset (YYYY/MM/DD):
Assessment of Exposure: <input type="checkbox"/> High Risk Exposure/Close contact <input type="checkbox"/> Low Risk Exposure/Non Close Contact			
Has client been lab tested?			
<input type="checkbox"/> No <input type="checkbox"/> Yes Date Tested (YYYY/MM/DD): _____ Result: _____ Lab result attached? <input type="checkbox"/> No <input type="checkbox"/> Yes			
<input type="checkbox"/> Awaiting Testing Results – Date Expected (YYYY/MM/DD): _____			
<input type="checkbox"/> Assessment Not Completed – Please Assess for Possible Exposure and Testing, if indicated			

Event/Workplace Exposure

Name of Organizer/Employer:	Relationship to the exposed person/workplace/event: <input type="checkbox"/> Employee <input type="checkbox"/> Workplace <input type="checkbox"/> Recreational Event <input type="checkbox"/> Friend <input type="checkbox"/> Other: _____	
Phone Number(s):	Address:	
Name of Event/Workplace:	Type of Exposure:	Status of Investigation: <input type="checkbox"/> Not Started – please investigate <input type="checkbox"/> Started – please carry on <input type="checkbox"/> Other

Additional details related to the event/workplace (e.g. outbreak number in either jurisdiction, dates worked - 232 character limit):

