

Interjurisdictional Referral of a Communicable Disease

Action Required:

- | | |
|--|---|
| <input type="checkbox"/> Non-SK Resident for your investigation and reporting | <input type="checkbox"/> Returning this client to your Jurisdiction |
| <input type="checkbox"/> Exposure Event in your Jurisdiction | <input type="checkbox"/> SK Resident is linked to Travel Exposure |
| <input type="checkbox"/> SK Resident is part of an Outbreak in your Jurisdiction | <input type="checkbox"/> FYI - SK Resident is in your Jurisdiction; |
| <input type="checkbox"/> Assistance with follow-up of SK Resident | client is being followed by SK Public Health |

DATE OF REFERRAL:

FROM (SK Health Jurisdiction):

TO (Out-of-Province Health Jurisdiction):

Demographic Details of the Case or Contact

Select if Case or Contact: ☐ CASE ☐ CONTACT

Name:

Date of Birth (YYYY-MM-DD):

Address:

Health Services Number:

Phone Number:

E-mail:

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

Disease:

Date of First Exposure:

Date of Last Exposure:

Date of Symptom Onset:

Assessment of Exposure: ☐ High Risk Exposure/Close Contact

☐ Low Risk Exposure/Non-close Contact

Lab Testing Status:

☐ Tested ☐ Not Tested ☐ Awaiting Testing Result – Date Expected: _____

☐ Assessment Not Completed – Assess for possible Exposure and Testing, if indicated

Lab Result Attached:

☐ Yes

☐ No

☐ Not Available

Additional Details of Investigation that may assist the Investigator

SK Public Health Contact Details (Complete for all referrals)

Name and Title:

Phone Number:

Fax Number:

Optional: Complete and include this page only if event/workplace exposure or travel information is applicable.

Event/Workplace Exposure

Name of Organizer/Employer:	
Phone Number(s):	Address:
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: _____	Status of Investigation: <input type="checkbox"/> Started – please continue <input type="checkbox"/> Not Started – please investigate <input type="checkbox"/> Other: _____
Type of Exposure:	Name of Event/Workplace:
Additional Details: (E.g., Outbreak number, dates worked)	

Travel Exposure Information (Plane, Train, or other Public Conveyance)

Type of Conveyance: <input type="checkbox"/> Airplane <input type="checkbox"/> Train <input type="checkbox"/> Other: _____	
1 st Conveyance/Flight	2 nd Conveyance/Flight
Date:	Date:
Departing from:	Departing from:
Arriving to:	Arriving to:
Carrier/Company:	Carrier/Company:
Flight Number:	Flight Number:
Seat Row and Number: (if available)	Seat Row and Number: (if available)
Additional Details: (E.g., Another conveyance/flight, hotels, resorts information)	