Saskatchewan

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**

☐ **Returning this client to your Jurisdiction**

☐ **SK Resident is linked to Travel Exposure**

☐ **FYI - SK Resident is in your Jurisdiction; 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: ☐ Employee ☐ Workplace ☐ Recreational Event ☐ Friend ☐ Other: _____	Status of Investigation: ☐ Started – please continue ☐ Not Started – please investigate ☐ 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: ☐ Airplane ☐ Train ☐ Other: _____	
1st Conveyance/Flight	2nd 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)	