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| Respiratory Illness in Residential and Aged Care Facilities |
| Health care facility transfer advice form |

Date ……/……/……

To: ……………………………………………………………………………………………………………

Please be advised that …………………………………………………………………………………….

is being transferred from a facility where there is a cluster/outbreak of a **respiratory illness**. At this stage the outbreak is:

🞎 suspected

🞎 confirmed

Please ensure that appropriate **infection control precautions** are taken upon receipt of this resident.

At the time of transfer:

🞎 The resident **has** a respiratory illness

🞎 The resident **does not** have a respiratory illness

Vaccination status:

🞎 This resident has been vaccinated with the current influenza vaccine on date\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_

🞎 This resident has NOT been vaccinated with the current influenza vaccine because of:

🞎 Allergy

🞎 Medication conflict

🞎 Refusal or failure to consent

🞎 Other, specify:

…………………………………………………………………………………………………………………

*Please see over page*

Medication for influenza:

🞎 The resident **is currently taking** the antiviral medication called:

…………………………………………………..………………………………………………………..

Start date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_

Dose of the medication: ………………………………………………..

🞎 The resident is **not** taking antiviral medication

For further information contact:

Name: …………………………………………………………………………………………………

Facility: …………………………………………………………………………………………………

Telephone: ……………………………………………………