

Resident transfer advice

To:

Please be advised that

is being transferred from a facility with a suspected confirmed influenza **outbreak**.

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

At the time of transfer, this resident:

- had symptoms of influenza and testing confirmed by testing
- had symptoms of influenza not confirmed by testing or testing is pending
- had no symptoms of influenza

Resident's influenza vaccination history:

- vaccinated with the current influenza vaccine on
- has NOT been vaccinated with the current influenza vaccine because of:
 - allergy medication conflict vaccine declined or other reason.

Resident's influenza antiviral medication history:

- not currently taking antiviral medication
- currently taking the antiviral medication for treatment for prophylaxis.

Medication name: Oseltamivir/Tamiflu Zanamivir/Relenza

Start date: Dose of the medication:

For further information, please contact:

..... Ph.

Thank you for your cooperation.

Manager/Director of Nursing