Inter-facility Infection Control Transfer Form
(adapted from CDC by Clark County, WA)

*Please attach copies of latest culture reports with susceptibilities if available*

<table>
<thead>
<tr>
<th>Patient/Resident Last Name</th>
<th>First Name</th>
<th>Date of Birth</th>
</tr>
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<tbody>
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Is the patient/resident currently on antibiotics? □ NO □ YES  DX: _________________________

Is the patient currently in isolation? □ NO □ YES

Type of Isolation (check all that apply) □ Contact □ Droplet □ Airborne □ Other:________________

Does patient currently have an infection, colonization OR a history of a multidrug-resistant organism (MDRO)?

<table>
<thead>
<tr>
<th>Colonization or history</th>
<th>Active infection on Treatment</th>
<th>Unknown</th>
</tr>
</thead>
<tbody>
<tr>
<td>Check if YES</td>
<td>Check if YES</td>
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</tbody>
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- Methicillin-resistant Staphylococcus aureus (MRSA)
- Vancomycin-resistant Enterococcus (VRE)
- Clostridium difficile
- Acinetobacter, multidrug-resistant
- E coli, Klebsiella, Proteus etc. w/Extended Spectrum \(\beta\)-Lactamase (ESBL)
- Carbapenemase-resistant Enterobacteriaceae (CRE)
- Other:________________

Does the patient/resident currently have any of the following?

- □ Cough or requires suctioning
- □ Diarrhea
- □ Vomiting
- □ Incontinent of urine or stool
- □ Open wounds or wounds requiring dressing change
- □ Drainage (source)__________________________
- □ Central line/PICC
- □ Hemodialysis catheter
- □ Urinary catheter
- □ Suprapubic catheter
- □ Percutaneous gastrostomy tube
- □ Tracheostomy

Printed Name of Person completing form  Signature  Date  If information communicated prior to transfer: Name and phone of individual at receiving facility

<table>
<thead>
<tr>
<th>printed_name_of_person</th>
<th>signature</th>
<th>date</th>
<th>details</th>
<th>unknown</th>
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