



Kansas Department of Health and Environment Interfacility Infection Control Transfer Form

Place patient label here:
 Patient Name: _____
 DOB: _____
 Date of Admission: _____
 Date of Discharge: _____

Personal Protective Equipment for Safe Patient Contact and Infection Prevention

Please check what is needed:



Standard



Gown



Gloves



Surgical
(Droplet Mask)



Respirator
(N95/PAPR)
(Airborne Mask)

Please check:

- Clostridioides difficile* infection (CDI) Infection Colonized
- Carbapenem - Resistant Bacteria (CRE, CRPA, CRAB) Infection Colonized
- Other MDRO (VRSA, MRSA, ESBL, VRE): _____ Infection Colonized
- Other communicable disease: _____
- No communicable disease or resistant organisms
- Laboratory/culture results pending

Point of Contact:

Name: _____

Phone Number: _____

Role (Check one):

- Social Worker Case Manager Nurse Doctor Other: _____



Developed in partnership with the Kansas Healthcare-Associated Infections and Antimicrobial Resistance Advisory Group Multi-Drug Resistant Organism Task Force.

This form available at: www.kdheks.gov/epi/hai.htm under "Resources".