## TRANSFER SUMMARY FOR WORK RELEASE

**Instructions:** To be completed for all patient transfers to work release facilities.

<table>
<thead>
<tr>
<th>DATE OF TRANSFER</th>
<th>TRANSFERRING FACILITY</th>
<th>INTERIM FACILITY</th>
<th>TRANSFER TO</th>
</tr>
</thead>
</table>

### ALLERGIES ( meds or food )
- None

### HEPATITIS / TETANUS
- None
  - Hepatitis A Series (dates given):
    1) [ ] 2) [ ]
    Next Due: [ ]
  - Hepatitis B or A/B Series (dates given):
    1) [ ] 2) [ ]
    3) [ ] Next Due: [ ]
  - Date of last tetanus: [ ]

### PPD / TB
- Date PPD read: [ ]
- Results: [ mm ]
- Symptom screen date: [ ]
- Results: [ ]
- Chest x-ray date: [ ]
- Results: [ ]
- Completed treatment (INH): Yes / No
- Date: [ ]

- No meds
- MAR copy attached
- Keep on person meds*
- En route meds**

### *MEDICATIONS TO BE KEPT ON PERSON DURING TRANSPORT

- Inhaler
- Nitro
- Other: [ ]

### **EN ROUTE MEDICATIONS (to be distributed by officers during transport)

- Meds received
- Patient signature: [ ]

### Specific Needs at Time of Transfer:

- No special needs
- Walker, Cane, Crutches
- Wheelchair
- Lower bunk
- Walk less than two blocks
- No stairs
- Special diet: [ ]
- Other: [ ]

(Glasses, Contacts, Hearing Aid, Prosthetics, Dentures, Partials, etc.)

### Ongoing medical services needed (include type, frequency, and if a community referral has been made):

[ ]

### Routine medications:
- Requires ongoing medication
- May become unstable if not compliant with medication

### Work limitations:

[ ]

### Accommodations needed for living space:

[ ]

### Other considerations (medically indicated snacks, oxygen,)

[ ]

### *For further healthcare information, please contact sending facility Health Care Manager.*

**COMPLETED BY (stamp/print and signature)**

**DATE COMPLETED**

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**DISTRIBUTION:** WHITE – HEALTH RECORD
- CANARY – TRANSPORTING OFFICER (To be delivered to Receiving Facility)

State law and/or federal regulations prohibit disclosure of this information without the specific written consent of the person to whom it pertains, or as otherwise permitted by law.

**DOC 13-455 (11/21/2019)**
**DOC 610.110  DOC 610.300  DOC 650.035**
**NURSING: Screenings/Assessments**
**Data classification category 1**