



PATIENT I.D. DATA:  
(name, DOC #, birthdate)

## TRANSFER SUMMARY FOR WORK RELEASE

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

DATE OF TRANSFER	TRANSFERRING FACILITY	INTERIM FACILITY	TRANSFER TO
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<b>ALLERGIES (meds or food) <input type="checkbox"/> None</b>  
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<b>HEPATITIS / TETANUS <input type="checkbox"/> None</b> <b>Hepatitis A Series</b> (dates given): 1) _____ 2) _____ Next Due: _____ <b>Hepatitis B or A/B Series</b> (dates given): 1) _____ 2) _____ 3) _____ Next Due: _____  Date of last tetanus: _____
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<b>PPD / TB</b> Date PPD read: _____ Results: _____ millimeters Symptom screen date: _____ Results: _____ Chest x-ray date: _____ Results: _____ Completed treatment (INH): Yes / No Date: _____
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No meds    MAR copy attached    Keep on person meds\*    En route meds\*\* (attach copy of form to 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, \_\_\_\_\_)

<b>*For further healthcare information, please contact sending facility Health Care Manager.</b>	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.