

Provincial Health Services Authority

Inter-Jurisdictional Notification Form

655 West 12th Avenue Vancouver, BC, V5Z 4R4 Email <u>IJN@bccdc.ca</u> Fax 604.707.2516 <u>www.bccdc.ca</u>

For forwarding to out-of-province jurisdictions, submit to IJN@bccdc.ca or 604-707-2516, monitored Monday to Friday 0830-1630, except statutory holidays. If urgent follow-up is required outside of business hours, call 604-875-2161 or 1-888-300-3088 and ask for the public health physician on-call

Jurisdictional Contact Information				
Sending jurisdiction:		Sender name:		
Sender contact information	n:			
Receiving jurisdiction:			Date sent:	YYYY-MM-DD
Client Information				
Name:		First	Date of birth:	YYYY-MM-DD
Name used:	Sex:		Gender:	
PHN:	Phone:	Em	nail:	
Address:				
Disease or infection:			□ Cas	se Contact
Date of diagnosis:	Onset date:	If cor	ntact, type:	
Exposure date(s):	 YYYY-MM-DD - YYYY-MM-DD	nfectious period:	YYYY-MM-DD -	YYYY-MM-DD
Requested Public Health				
□ Case follow-up	☐ Case requires notification	ation Contact	tracing	☐ Prophylaxis
☐ Request of information	☐ Surveillance or report	ting Testing	and/or treatment	□ Urgent
Details				



