Saskatchewan

Enter Public Health Office Name
Public Health Office Address
Town/City, SK, Postal Code
Phone and Fax Number

Date:

RE: CONFIDENTIAL Request for Information on Previously Reported Case

REQUEST:

Please determine if the client and disease(s) indicated below have been previously reported in the following province(s) or territories.

Name:	**Date of Birth:**
SK Health Services Number:	**Out-of-Province HSN:**

☐ **Saskatchewan** ☐ **Alberta** ☐ **British Columbia** ☐ **Manitoba**
☐ **Ontario** ☐ **Nova Scotia** ☐ **Northwest Territories** ☐ **New Brunswick**
☐ **Nunavut** ☐ **Quebec** ☐ **Prince Edward Island** ☐ **Yukon**
☐ **Newfoundland & Labrador**

RESPONSE:

Has this client been previously reported in your province/territory? ☐ **Yes** ☐ **No**
If yes, please complete the following table.

To be completed by SK Jurisdiction		**To be completed by Out-of-Province Jurisdiction**	
Select	**Disease**	**Where Reported**	**Date Reported**
☐	Hepatitis B		
☐	Hepatitis C		
☐	HIV		
☐	Syphilis Include relevant history such as, lab results, staging, treatment, and exposure details.		
Additional notes:		Additional notes:	

Send response to SK Ministry of Health
Confidential fax to 306-787-9576 or E-mail with password protected PDF to cdc@health.gov.sk.ca