



### Cough Alert Referral Form

Referring Shelter:  Casa Esperanza  Rescue Mission  Other \_\_\_\_\_

Name: \_\_\_\_\_ DOB \_\_\_\_\_ Bed Location: \_\_\_\_\_

Staff Signature: \_\_\_\_\_ Referral Date: \_\_\_\_\_

**Client Instructions: You will be contacted by PHD Disease Control staff within 1-working day to assist with providing you shelter clearance. Please call (805) 681-5280 if you have any questions.**

*[Shelter Staff: Please fax to SB Disease Control Office at (805) 681-4069.  
For weekend/holidays fax to (805) 681-4069 and call (805) 681-5280]*

*To be completed by PHD Disease Control Staff*

Cleared  Not Cleared

PHN Signature: \_\_\_\_\_ Date: \_\_\_\_\_

White Copy-Shelter/Pink Copy-Client



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