Waterloo Region 2026 Ontario Summer Games / Jeux d'été de l'Ontario

Presented by • Présentés par Desjardins

Ontario Summer Games Medical Facility Transfer Report

TRANSFER OF CARE – REFERRAL TO RECEIVING HOSPITAL

Date of Transfer (dd/mm/yy)	Time Initiated:	Venue/Site:	Seen at Polyclinic:
_____/_____/_____	_____:_____		☐-Yes ☐-No

Accompanied By: ☐-Parent/Guardian ☐-Coach/Team Staff ☐-Games Medical Staff ☐-Paramedics ☐-Unaccompanied

CTAS (if assigned): ☐-1 ☐-2 ☐-3 ☐-4 ☐-5 ☐-N/A

PATIENT INFORMATION

Patient Full Name:	DOB (dd/mm/yy)	Age:	Health Card #:
	____/_____/_____	_____ ☐-Minor (<18)	

Parent/Guardian or Emergency Contact Notified: ☐-Yes ☐-No ☐-N/A

Name & Phone:

Patient Gender:

☐-F ☐-M ☐-NB ☐-X:_____

SITUATION

Chief Complaint:

Provisional Clinical Impression:

Time of Onset/Injury: _____:_____

Mechanism:

REFERRING GAMES CLINICIAN

Name (Print):

Designation:

☐-MD ☐-RN ☐-Paramedic ☐-Physio ☐-AT ☐-Other:

Referring Clinician Phone:

Transportation to Hospital provided by:

☐-Self ☐-Parent/Guardian ☐-Coach/Team Staff ☐-Games Medical Staff ☐-Paramedics ☐-Other

BACKGROUND

Allergies: ☐-NKDA

Current Medications: ☐-None

Relevant Medical History: ☐-None

Last Oral Intake: _____:_____

Tetanus Up to Date: ☐-Yes ☐-No ☐-Unknown

ASSESSMENT COMPLETED AT GAMES

☐-Primary Survey (ABCDE) ☐-Neurological/GCS ☐-C-Spine Assessment ☐-Cardiovascular ☐-Respiratory ☐-Abdominal
☐-Musculoskeletal ☐-Neurovascular (distal) ☐-Concussion (SCAT6) ☐-POC Glucose ☐-Wound Assessment ☐-Mental Health/Psychosocial
☐-Other:

Positive Findings:

Pertinent Negatives: ☐-N/A

VITAL SIGNS

Time	HR	BP	RR	SpO2 %	Temp °C	GCS /15	Glucose	Pain /10

INTERVENTIONS PROVIDED AT GAMES

Time	Procedure / Medication Given	Dose	Route	Given By (Initials)

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ADDITIONAL SENDING CLINICIAN NOTES

Notes:

COMMUNICATION BACK TO GAMES MEDICAL TEAM

The patient is a participant in the 2026 Ontario Summer Games (July 30 – August 2, Waterloo Region). Athletes may not return to competition without clearance from the Games Chief Medical Officer (CMO). The CMO respectfully requests that a copy of the discharge summary and any pertinent test results be provided to the patient, or directly to the CMO with the athlete's consent, via the contact information below

CMO: Dr. Rosamond Lougheed Simpson **Phone:** 226-581-4238 **CPSO#:** 106914

Discharge Disposition Requested:

☐-Return to Games ☐-Not to return to Games (Return Home) ☐-Return CMO/RN for Follow-up

Discharge/Return Transportation: Return transportation for the patient to the Games can be arranged via nonemergency transport vehicle at 226-581-4092