

**GOVERNMENT OF NAGALAND
DIRECTORATE OF HEALTH AND FAMILY WELFARE
NAGALAND : KOHIMA**

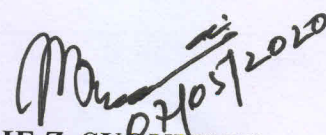
NO. DHFW/COVID-19/2019-20/1077-80
ORDER

Dated Kohima, the ¹²07 May, 2020

During the current COVID-19 pandemic, in the event of a patient requiring to be referred outside the State for non-COVID illnesses, the treating doctor/hospital must ensure that the following due processes are followed before issuing movement order / permit:

1. The treating doctor shall screen the patient for COVID-like symptoms. If the patient fulfils the latest ICMR criteria for testing (enclosed), the patient will be tested for COVID-19. No patient should travel before the result is received.
2. If the test result is positive, the patient will not be allowed to be referred outside the State under any condition.
3. If the test result is negative, the patient will enclose the report while applying for movement order/permit to travel.
4. If the patient does not qualify the criteria for testing, the treating doctor must put in writing the diagnosis of the patient with an undertaking that the patient does not exhibit any COVID-like signs and symptoms, and is not a suspected case for COVID-19.
5. While applying for movement order / permit, it will be mentioned if the referral to hospital outside the State is on the patient's request or the doctor's referral.

Movement order / permit for referral of patients outside the State may be issued based on the fulfillment of the above conditions.


(DR. VIZOLIE Z. SUOKHRIE)

Principal Director
Directorate of Health and Family Welfare
Nagaland : Kohima

NO. DHFW/COVID-19/2019-20/1077-80
Copy to:

Dated Kohima, the ¹²07 May, 2020

1. The Deputy Secretary to Chief Secretary for information
2. The Home Commissioner, Government of Nagaland for information
3. The Principal Secretary to the Government, Health and Family Welfare Department for information
4. The Deputy Commissioners/ Chief Medical Officers / Medical Superintendent of all districts in Nagaland for information and necessary action
5. Guard File / Office copy


(DR. VIZOLIE Z. SUOKHRIE)

Principal Director
Directorate of Health and Family Welfare
Nagaland : Kohima

PATIENT REFERRAL OUTSIDE THE STATE DURING COVID 19 PANDEMIC

DECLARATION FORM

1. Name of the Patient:	
2. Age / Sex:	
3. Address:	
4. Patient Diagnosis:	
5. Hospital to which patient is referred:	

Sl. No.	Question	Response (Yes/No)
1.	Patient is a symptomatic individual who has undertaken international travel in the last 14 days	
2.	Patient is a symptomatic contact of laboratory confirmed COVID-19 case	
3.	Patient is a symptomatic health care worker	
4.	Patient has Severe Acute Respiratory Illness (fever AND cough and/or shortness of breath)	
5.	Patient does not have COVID-like symptoms but is a direct and high-risk contact of a confirmed COVID-19 case	
6.	Patient came from a hotspot/cluster (as per Ministry of Health and Family Welfare) or large migration gathering/evacuees centre and has symptoms of Influenza Like Illness (fever, cough, sore throat, runny nose)	

[As per ICMR Strategy for COVID19 testing in India (Version 4, dated 09/04/2020), if any of the response is YES, the patient should be tested]

In view of the above observation, the Patient does not qualify the testing criteria and hence is not subjected to COVID-19 testing.

As desired by the Patient to refer to higher institution for further management and in view of lack of facilities to manage such cases in the State, the undersigned treating doctor certifies that the patient can be safely referred outside the State for further treatment.

Name & Signature of the Treating Doctor

NMC Registration No.:

