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## Resident Evacuation Checklist

Please complete the following checklist on every resident transferred to other facilities to ensure appropriate placement and follow-through in the event of an evacuation of \_\_\_\_\_  
(facility name).

\_\_\_\_\_  
Name of Resident

\_\_\_\_\_  
Room No.

Discharged to: \_\_\_\_\_  
(facility name or responsible party/family)

**Name(s) of Physician(s) notified:**

**Family Notified:**

1. \_\_\_\_\_

Name \_\_\_\_\_

2. \_\_\_\_\_

Relationship \_\_\_\_\_

3. \_\_\_\_\_

Name \_\_\_\_\_

4. \_\_\_\_\_

Relationship \_\_\_\_\_

**Medical Records Sent:** ☐ Yes ☐ No    **Transfer Mode:** \_\_\_\_\_

**Personal Belongings Sent with Resident:**

List Belongings:

w/resident

w/family

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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**Medical Equipment Sent with Resident:**

Equipment labeled \_\_\_\_\_

**Medication and Supplies Sent with Resident:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Additional Comments:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature of Person Completing Discharge Process

\_\_\_\_\_  
Date