



SARS Provincial Operations Centre

Request for Approval to Change SARS Categories

To Allison Stuart – fax 416 314-1760

Date and Time of Request: _____

Name of Facility/site: _____

Current Category: _____

1. The facility has **no evidence of transmission of SARS within the institution** since

_____,
date

AND

2. The facility has **not had any cases** of unprotected SARS exposure since

_____.
date

Therefore we request to be changed to a Category _____

Name of CEO: _____

Signature of CEO: _____

Request has been approved/denied by _____ on _____

Signature