Public health ontario aefi reporting form

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YOUR VOTE IS IMPORTANT. PLEASE VOTE TODAY.

Vote by Internet or Telephone – QUICK ★★★ EASY
IMMEDIATE – 24 Hours a Day, 7 Days a Week or by Mail

AdCare

Your phone or Internet vote authorizes the named proxies to vote your shares in the same manner as if you marked, signed and returned your proxy card. Votes submitted electronically over the Internet or by telephone must be received by 7:00 p.m., Eastern Time, on December 7, 2016.

INTERNET/MOBILE – www.cstproxyvote.com
Use the Internet to vote your proxy. Have your proxy card available when you access the above website. Follow the prompts to vote your shares.

PHONE – 1 (866) 894-0537
Use a touch-tone telephone to vote your proxy. Have your proxy card available when you call. Follow the voting instructions to vote your shares.

MAIL – Mark, sign and date your proxy card and return it in the postage-paid envelope provided.

PLEASE DO NOT RETURN THE PROXY CARD IF YOU ARE VOTING ELECTRONICALLY OR BY PHONE.

▲ FOLD HERE • DO NOT SEPARATE • INSERT IN ENVELOPE PROVIDED ▲

PROXY

Please mark your votes like this X

The Board of Directors recommends you vote "FOR" Proposals 1, 2, 3 and 4.

1. To elect the six director nominees listed below to serve until the 2017 Annual Meeting of Shareholders and until their successors are elected and qualified, or until their earlier death, resignation or removal ("Proposal 1").

	FOR	WITHHOLD
(01) William McBride, III	☐	☐
(02) Michael J. Fox	☐	☐
(03) Thomas W. Knaup	☐	☐
(04) Brent Morrison	☐	☐
(05) Allan J. Rimland	☐	☐
(06) David A. Tenwick	☐	☐

2. To ratify the appointment of KPMG LLP as the Company's independent registered public accounting firm for the year ending December 31, 2016 ("Proposal 2").

FOR	AGAINST	ABSTAIN
☐	☐	☐

3. To approve, on an advisory basis, the compensation of our named executive officers ("Proposal 3").

FOR	AGAINST	ABSTAIN
☐	☐	☐

4. To re-approve the material terms of the performance goals under the AdCare Health Systems, Inc. 2011 Stock Incentive Plan ("Proposal 4").

FOR	AGAINST	ABSTAIN
☐	☐	☐

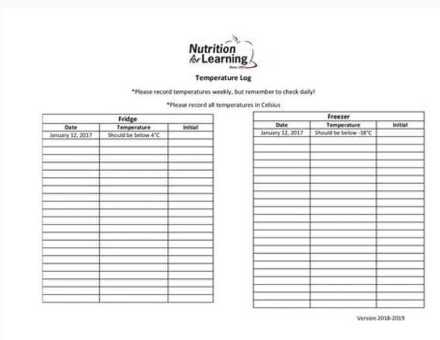
The shares represented by this proxy, when properly executed, will be voted in the manner directed herein by the undersigned shareholder. If no direction is made, then this proxy will be voted "FOR" the election of the director nominees named in Proposal 1 and "FOR" Proposals 2, 3 and 4, and in the discretion of the proxies as to any other matters as may properly come before the Annual Meeting or any adjournment or postponement thereof.

COMPANY ID:

PROXY NUMBER:

ACCOUNT NUMBER:

Signature_____ **Signature, if held jointly**_____ **Date**_____, **2016.**
Please date and sign in the same manner in which your shares are registered. When signing as executor, administrator, trustee, guardian or attorney, please give full title. Joint owners should each sign. If a signer is a corporation, please sign in full corporate name by duly authorized officer



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Page Last Reviewed or Updated: 02-Jun-2022 Close Old Browser Notification Browser Compatibility Notification It appears you are trying to access this site using an outdated browser. As a result, parts of the site may not function properly for you. We recommend updating your browser to its most recent version at your earliest convenience. A Message About HIPAA Compliance for Reporters to FDA MedWatch Thank you for visiting the MedWatch website to voluntarily report a serious adverse event, product quality problem or product use error that you suspect is associated with the use of an FDA-regulated drug, biologic, medical device or dietary supplement. In order to keep effective drugs and devices available on the market for use by patients, the FDA relies on the voluntary reporting of these events. FDA uses these data to maintain our safety surveillance of all FDA-regulated products. You and your patients report may be the critical action that prompts a modification in use or design of the product, improves the safety profile of the drug or device and leads to increased safety. What to Report on Form FDA 3500 and FDA 3500B Voluntary Adverse Event Report Form FDA Form 3500 should be used by healthcare professionals and FDA Form 3500B should be used by patients or consumers for voluntary reporting of adverse events noted spontaneously in the course of clinical care. (Events that occur during clinical trials under an Investigational New Drug (IND) application are mandatory reports and are submitted to FDA as specified in the investigational new drug/biologic regulations or investigational device exemptions.) To submit your voluntary report: What Not to Report on Form FDA 3500 Vaccines Reporting, Veterinary Medicine, Tobacco Products Reporting and Internet Fraud Mandatory Device Reporting User-facilities such as hospitals and nursing homes are legally required to report suspected medical device-related deaths to both FDA and the manufacturer, if known, and serious injuries to the manufacturer or to FDA, if the manufacturer is unknown. Mandatory reports are made using Form FDA 3500A Mandatory Reporting Form. You can download the mandatory form as a .pdf document for printing. (At this time, FDA does not have a 3500A form that can be submitted electronically). For more information, see the FDA Center for Devices and Radiological Health (CDRH) Reporting page. Health professionals within user-facilities should familiarize themselves with their institution's procedures for this mandatory reporting process. Mandatory Drug/Biologic Reporting (including IND, BLA Reporting) Adverse events that occur during clinical studies are to be reported to FDA as specified in the investigational new drug/biologic regulations. Please refer to applicable regulations and industry guidance on mandatory reporting for drug/biologic manufacturers, distributors, and packers. Form FDA 3500A Mandatory Reporting form is available online as a .pdf document for printing. If you submit reports frequently, download a fill-able version of the FDA 3500A form for local installation on your personal computer. Readers who wish to view the report in PDF format may download or view it: Report of Adverse Events Following Immunization (PDF, 28 MB, 9 pages) Instructions: For more complete instructions and definitions, refer to theUser Guide to Completion and Submission of the AEFI Reports Report events which have a temporal association with a vaccine and which cannot be clearly attributed to other causes. A causal relationship does not need to be proven, and submitting a report does not imply causality. Of particular interest are those AEFIs which: Meet one or more of the seriousness criteria Are unexpected regardless of seriousness Refer to the user guide, Background Information and for additional clarification. Note: The numbers below correspond to the numbered sections of the form. All dates should be captured in the following format: YYYY / MM / DD. When reporting an AEFI, check one of the boxes on the top right hand corner of the first page of the AEFI form to indicate whether it is an Initial or Follow Up report. For all follow up reports, please specify the Unique Episode Number. 1a) The Unique episode number is assigned by the Province/Territory. Leave it blank unless authorized to assign it. 1b) The Region number is a number that corresponds to a given health unit. Leave it blank if it doesn't apply to your locale. 2) The Impact LIN is assigned by IMPACT nurse monitors (LIN: Local Inventory Number). 3) The information provided in this section is confidential and should not be sent to the Public Health Agency of Canada. 4a) Indicate the Province/Territory where the vaccine was administered, abbreviations may be used. 4c) Provide all information as requested in the table. For the "Dose #", provide the number in series (1, 2, 3, 4, or 5) if known. For the Influenza vaccine, unless a patient receives two doses in one season, the "Dose #" should be recorded as "1". 7a) Indicate the highest impact of the AEFI on the patient's daily activities as assessed by the patient or the parent/caregiver. 7c) Provide details of any investigations or treatments in section 10. If the patient was already in hospital when immunized and the immunization resulted in a longer hospital stay, indicate "Resulted in prolongation of existing hospitalization" and provide the number of days by which the patient's hospital stay was prolonged. For all hospitalizations, indicate the date of admission and discharge. 8) MOH/MHO: Medical Officer of Health, MD: Medical Doctor, RN: Registered Nurse. 9) Choose, from section 9 (AEFI details), the description that best fits the AEFI being reported. Make sure to record the time of onset and duration of signs/symptoms using the most appropriate time unit: Days, Hours or Minutes. Provide additional details of any investigation, therapy, and other information as appropriate in section 10. 11) This section is to be completed by the MOH/MHO, MD, RN or their designate who are assigned to provide public health recommendations according to the P/T best practices. 12) Information in this section is not collected by all P/Ts. Return completed form to your local public health unit address at:

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