

Form 4. Avian influenza exposed persons tracing

Form completion details	
Date of initial form completion (DD/MM/YY) / /	Time of initial form completion :
Name of person completing form	Position of person completing form
Institution / organisation	
Telephone	Mobile

Starting point of exposed person tracing	
Human case* exposure	
Exposed to a human case*?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Laboratory exposure	
Potential exposure to influenza A/H5N1 from a sample?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Animal / environmental exposure	
Shared exposure with a human case*?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Other animal / environmental exposure NOT shared with a human case*?	Yes <input type="checkbox"/> No <input type="checkbox"/>

Other information

Exposed person unique identifier	Name and surname	Date of birth	Address	Exposed to a human case*?		Potential exposure to influenza A/H5N1 from a sample?		Shared exposure with a human case*?		Other animal/environmental exposure NOT shared with a human case*?		Date of last known exposure	Status of exposed person today		Avian influenza exposed person investigation and monitoring form completed?	
				Yes	No	Yes	No	Yes	No	Yes	No		DD/MM/YY	Ill	Healthy	Yes
		DD/MM/YY										DD/MM/YY				
		/ /		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	/ /	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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*Probable or confirmed