Government of the People's Republic of Bangladesh
Institute of Epidemiology, Disease Control and Research (IEDCR)

AVIAN INFLUENZA CONTACT FOLLOW UP FORM

Name of the poultry farm _____

Town/Village _____ **Upazila** _____ **District** _____

Date of onset of poultry illness / / **Date of culling** / /

Sl. No.	Name	Age in years	Sex	Worker type	Contact type	Address	Contact no	Date of last direct contact with poultry	Date of First Follow-Up	Antivirals started on (specify Dates)	Reporting type by Day													
											1	2	3	4	5	6	7	8	9	10	11	12	13	14

Worker type:	
W	Poultry worker
C	Poultry culler
B	Both poultry worker and culler

Contact type:	
D	Close contact (less than one metre)
R	Household contact (more than one metre)
P	Health care worker contact (unprotected)
L	Other contact (not household, not close)

Reporting type:	
S	Seen and Healthy
F	Influenza-like Illness, notify to IEDCR
T	Not seen

Reported by:

Signature:

Name: _____

Designation: _____

Contact no: _____

Signature with name of Civil Surgeon