

Avian Influenza Person Under Monitoring Data Collection Form

Farm Name: _____

Animal Event: _____

Location: _____

Date: _____

Name: _____

DOB: _____

Address: _____

County of residence: _____

Phone Number: _____

Last exposure (MM-DD-YYY): _____ or Ongoing exposure

Occupation:

Farm worker Farm Owner State (ODA/ODFW) USDA Community

Symptoms or No symptoms

Symptom onset date: _____

<input type="checkbox"/> Fever or feels feverish (T_{max} _____)	<input type="checkbox"/> Shortness of breath/difficulty breathing
<input type="checkbox"/> Headache	<input type="checkbox"/> Fatigue
<input type="checkbox"/> Sore throat	<input type="checkbox"/> Muscle/body aches
<input type="checkbox"/> Eye irritation/redness/discharge	<input type="checkbox"/> Headache
<input type="checkbox"/> Headache	<input type="checkbox"/> Nausea/vomiting
<input type="checkbox"/> Cough	<input type="checkbox"/> Diarrhea

Oseltamivir start date: _____