|  |  |  |
| --- | --- | --- |
| Name & address of suspect avian influenza infected premises: | NDCC Reference No.  AI R \_\_\_\_\_\_\_\_\_\_\_\_/ 20\_\_\_\_ | Date premises restricted:  Date of onset of clinical signs: |
| Location & species of suspected avian influenza infected wild bird: | Laboratory Reference No.  \_\_\_\_\_\_\_\_\_\_/06/\_\_\_\_\_\_\_\_\_\_\_ | Date bird collected: |

|  |  |  |
| --- | --- | --- |
| **Name** | **Address & telephone/mobile number** | **Date & type of contact** |
|  |  |  |
|  |  |  |
|  |  |  |

**Poultry/captive birds:** Notify all contacts from **2 days** before onset of clinical signs in the birds, until date of restriction

**Wild birds:** Notify all contacts that handled the bird

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ VI Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# Copy to local Department of Public Health