

Effective Date (<i>original issue</i>)	February 1, 2016
Revision Date (<i>most recent</i>)	February 1, 2016
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Avian Influenza (AI) Responder Notification of Travel Form

Please complete the table below and submit to EAIDBMonitoring@dshs.texas.gov immediately for any Avian Influenza responders who report intentions to travel. Please include the appropriate Regional contacts for your jurisdiction.

If a responder reports travel to multiple destinations within the 10-day monitoring period you may include additional destination information (dates and addresses) in the travel details/comments section.

CDC ID	
Date of Departure from your Jurisdiction	
Date of Return to Your Jurisdiction	
Destination Address: Street City, State Country (if outside US) Zip code (if applicable)	
Do you wish to transfer monitoring to the PUMs destination jurisdiction (Yes/No)?	
Travel Details/comments	