

Hello, this is the Public Health Center.

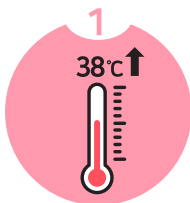
We are conducting monitoring in order
to prevent human infection of avian influenza.

(We plan to conduct 2 monitoring sessions)

Please answer the questions.



- ✓ Please write your name (capital letters, including spaces) and date of birth.
- ✓ Please indicate the number if you have been experiencing any of the following symptoms after coming into contact with birds or participating in animal disposal.



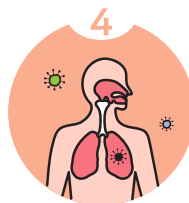
High fever



Muscle pain



Cough



Sore throat

Example) NAME/YYYY/MM/DD (PETER PARKER/1995/12/31)/1,2,3,4



Thank you for your cooperation in preventing the spread of the disease.