Designed to print on inside of Avery5302 small tent cards.

## ATTENTION MEDICAL PERSONNEL:

This person may be occupationally exposed to certain zoonotic diseases or conditions which are not routinely considered in the differential diagnosis of febrile, enteric, or dermatological illness. There is an active concern about

as of this date	as of this date
Those who work with livestock or on farms with animals in Wisconsin may be at increased risk for:	Those who work with livestock or on farms with animals in Wisconsin may be at increased risk for:
brucellosis, campylobacteriosis, chlamydiosis, colibacillosis, cryptosporidiosis, erysipeloid, farmer's lung, giardiasis, influenza (avian or swine), leptospirosis, listeriosis, parapoxvirus, ringworm, salmonellosis, staphylococcosis (including MRSA), streptococcosis, toxoplasmosis, trichinellosis, or tuberculosis.	brucellosis, campylobacteriosis, chlamydiosis, colibacillosis, cryptosporidiosis, erysipeloid, farmer's lung, giardiasis, influenza (avian or swine), leptospirosis, listeriosis, parapoxvirus, ringworm, salmonellosis, staphylococcosis (including MRSA), streptococcosis, toxoplasmosis, trichinellosis, or tuberculosis.
Questions? Contact dhsocchealth@wisconsin.gov.	Questions? Contact dhsocchealth@wisconsin.gov.
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Instrucciones: Si trabaja con ganado o animales de granja en Wisconsin y se enferma, presente esta tarjeta a su proveedor de atención médica. Puede utilizar el código QR a continuación para obtener más información. Si sabe o sospecha que ha estado expuesto a una enfermedad animal en particular, indíquela en el primer espacio en blanco. Escriba la fecha de la posible exposición en el segundo espacio en blanco. De lo contrario, deje ambos espacios en blanco.

Instructions: If you work with livestock or farm animals in Wisconsin and become sick, present this card to your health care provider. They can use the QR code below to get more information. If you know or suspect you have been exposed to a particular animal disease, list it in the first blank space. Write the date of possible exposure in the second blank. Otherwise, leave both spaces blank.









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## % HEVILH SEKNICES MISCONSIN DEIVKLMENT



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