



**Infective Diseases**

**Name:**

I hereby declare that I had no personal contact with large farm animals in the 7 days prior my arrival.

Please  in case a farm you worked at was struck by any of the diseased listed below

African horse sickness	Anaplasmosis	Anthrax
Bluetongue	Bovine and ovine genital campylobacteriosis	Bovine and porcine cysticercosis
Bovine ephemeral fever	Bovine spongiform encephalopathy	Bovine viral diarrhoea/ mucosal disease
Brucellosis	Caprine arthritis / encephalitis	Contagious agalactia
Contagious bovine pleuropneumonia	Contagious caprine pleuropneumonia	Contagious equine Metritis
Dourine	Echinococcosis/hydatidosis	Enzootic abortion of ewes (ovine chlamydiosis)
Enzootic bovine leukosis	Equine encephalomyelitis (Western)	Equine encephalosis
Equine infectiouse anaemia	Equine influenza	Equine rhinopneumonitis
Equine viral arteritis	Foot and mouth disease	Glanders
Haemorrhagic septicaemia	Infectious bovine rhinotracheitis / infectious postular vulvovaginitis (IBR/IPV)	Japanese encephalitis
Leptospirosis	Listeriosis	Lumpy skin disease
Maedi visna	Nairobi sheep disease	Ovine pulmonary adenomatosis
Paratuberculosis	Peste des petits ruminants (PPR)	Piroplasmosis (babesiosis)
Q Fever	Rabies	Rift Valley fever
Rinderpest	Salmonellosis (Salmonella Dublin)	Salmonellosis (Salmonella Typhimurium)
Scrapie	Sheep, goat, horse and camel pox	Theileriosis
Trypanosomosis (tsetse-transmitted)	Tuberculosis	Venezuelan equine encephalomyelitis
Vesicular stomatitis	West Nile fever	

**Rabies vaccination - please confirm**

<b>My vaccination is valid</b>	<b>Please state vac. date</b>	
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**Any checked diseases please write in details below: exact time of contact, place of contact, circumstances:**

<b>Name &amp; Signature</b>		<b>Date</b>	
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