

INSERT AGENCY LETTERHEAD HERE

Subject:

Identification #: _____ **Date/Time Sent:** _____
Urgency Level: * Health Alert Health Advisory Health Update
Sent To: _____

From: _____

Action Required by the Recipient of the Alert/Advisory/Update:

Please share this information with you colleagues in the following areas/disciplines:

For more information, refer to the following contact or web site:

Name/Title: _____
Agency/Office Name: _____
Phone: _____ Email: _____
Web Site: _____

If you suspect a disease or condition is related to a biological threat agent, please contact the public health department IMMEDIATELY at:

During regular business hours: (_____ AM- _____ PM): _____
After hours/weekends: _____

* Categories of urgency levels

Health Alert: conveys the highest level of importance; warrants immediate action or attention

Health Advisory: provides important information for a specific incident or situation; may not require immediate action

Health Update: provides updated information regarding an incident or situation; unlikely to require immediate action

To change your emergency contact information with our office, please contact:

Name/Title: _____
Phone: _____ E-Mail: _____ Fax: _____

Subject:

Identification #:

Date/Time Sent:

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