



**BOULDER COUNTY MEDICAL SOCIETY
PANDEMIC INFLUENZA KIT RECEIPT VERIFICATION**

1. _____ Yes, I/we received a "kit" of supplies from Boulder County Medical Society that is intended to assist us during a pandemic influenza outbreak.
2. _____ I/We received a guide for developing a medical office "plan" to help prepare our office to effectively deal with our patients during a crisis and I/We have or are in the process of developing our office plan.
3. _____ I/We received a guide for developing a plan for the home and family. We will distribute this information to our physicians and staff.
5. _____ I/We have received information about ICS/NIMS training and Boulder County disaster exercises and related activities.
6. _____ I/We have received information about the Boulder County Medical Reserve Corps and we will review and distribute this information to our physicians and staff. We will encourage participation in the Medical Reserve Corps.
7. _____ I/We know we can receive weekly updates by emailing a request to be "added to the Avian Influenza Update Distribution" to Irae@co.boulder.co.us or faxing 303-413-7526. We know to provide a name, practice or affiliation, and an email address.
8. _____ I/We will review these websites for Boulder County.
www.bouldercountyflu.com www.cms.org

I/We have developed or agree to develop a disaster/pandemic crisis office plan by October 31, 2007 and will keep updated on crisis information. We will consider and encourage my/our participation in the ICS/NIMS training. We will consider registering for the Boulder County Medical Reserve Corps.

PRACTICE NAME: _____
PHYSICIAN NAME: _____
OFFICE ADDRESS: _____
CITY, ST, ZIP: _____ PHONE: _____
EMAIL ADDRESS: _____
SIGNATURE _____