Active Observational Surveillance (AOS) for Foot and Mouth Disease (FMD)
Abnormal Findings Explanation Form

SBS SECURE BEEF SUPPLY
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Farm Name:			**PIN:**		
Year:____ **Date (MM/DD)**	**Time (AM/PM)**	**Group Descrip./ Animal ID**	**Abnormal Findings and Comments[1]**	**Cattle Health Monitor Initials**	**Abnormal Findings Reported[2]**
					Y N
					Y N
					Y N
					Y N
					Y N
					Y N
					Y N
					Y N
					Y N
					Y N

[1]Abnormal findings may include changes in production parameters such as feed intake, or clinical signs that could be the result of FMD infection such as fever (Fe), lameness (L), calf death (CD), depression (De), drooling (Dr), nasal discharge (N), and/or vesicles/blisters on mouth, teats, and/or feet (V).

[2] Promptly report suspicious clinical signs or unexplained changes in production parameters to the individual specified in the operation's AOS Communication Plan.