



## Iowa Department of Public Health Epidemiology Response Team Application Form

Name and Address				
First Name	Last Name	Middle Initial	Date of Birth	
			Mo	Day Yr
Home Street Address		City	State	Zip Code
Employer(s)		Position		
Work Street Address		City	State	Zip Code

Contact Information			
Primary Phone	Secondary Phone	Alternate Phone 1	Alternate Phone 2
Primary email		Secondary email	
Primary Emergency Contact			
Emergency Contact Name		Relationship	
Primary Phone	Secondary Phone	Alternate Phone	
Secondary Emergency Contact			
Emergency Contact Name		Relationship	
Primary Phone	Secondary Phone	Alternate Phone	

Fill in the following information below on work history, training and professional certification or licensure. Little or no training in some of these areas does not disqualify members from the team, but will help target training needs.

### Public Health Work History

Relevant Work History	Describe briefly
<input type="checkbox"/> <b>Surveillance</b> (including developing communications, working with healthcare systems, developing scope of the surveillance process, case reporting and consulting, health data collection, and similar activities)	
<input type="checkbox"/> <b>Investigation</b> (include providing consulting, developing sampling, conducting interviewing, using EPI Info or SPSS for analysis, outbreak management functions, etc )	

Work history, continued		
<input type="checkbox"/>	<b>Prevention</b> (includes interviewing and follow up case management, delivery of immunization strategies, developing population-based strategies to prevent/interrupt the transmission of disease, develop event specific disease education resources, health or behavioral counseling and/or instituting other prevention measures)	
<input type="checkbox"/>	<b>Control</b> (includes developing and providing treatment strategies, collecting laboratory samples, implementing isolation and/or quarantine orders, instituting health or environmental controls)	
Training		
<input type="checkbox"/>	Epidemiology	Describe
<input type="checkbox"/>	Statistics, Data Management	Describe
<input type="checkbox"/>	Prevention of Infectious Disease	Describe
<input type="checkbox"/>	Professional License, certifications and/or other trainings that you feel would be relevant to an epidemiological team	

Emergency Preparedness Training		
<input type="checkbox"/>	ISO 100	
<input type="checkbox"/>	ISO 200	
<input type="checkbox"/>	ISO 700	
<input type="checkbox"/>	HAZMAT Awareness	
<input type="checkbox"/>	Other training (specify to left)	

Professional Certification and Licensure			
Type	Number	State	Expiration Date

Post High School Degrees	Field of Study	Year Awarded

Why would you like to join the epidemiology Response Team?


<b>Immunization Status Note: Not all immunizations listed below are required or recommended for service on the EpiRT team.</b>
<b>Measles, Mumps and Rubella (MMR): 2 doses or evidence of immunity to measles, mumps, and rubella</b>
Dates received or dates immunity to disease verified:
<b>Varicella: 2 doses, reliable history of disease, or evidence of immunity to chickenpox</b>
Dates received or date immunity documented
<b>Influenza: 1 dose annually</b>
Last date received:
<b>Tetanus, Diphtheria (Td); 1dose every 10 years, with one dose in a lifetime being Diphtheria, Tetanus, Pertussis (Tdap).</b>
Date last Tdap received:
<b>Hepatitis B: Documentation of 3 doses; An un-immunized team member employee must complete a 3 dose series and post-vaccination testing before being assigned to duties with potential blood exposure</b>
Dates immunizations received:

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

Please fax completed form to:  
 Center for Acute Disease Epidemiology, Iowa Department of Public Health  
 515-281-5698