



POD Staff Script (Initial Information Summary)

The following information is being provided for you to familiarize yourself with the event. Please feel free to share this information with clients. If clients ask you questions that are not answered on this sheet please contact your supervisor.

Clinic Hours of Operation:

What happened:

Who was/is affected:

Who should be reporting to POD:

Personal information we are collecting:

Medical Info about Event:

Nature of Hazard:

Early signs and symptoms:

Incubation period:

Mode of transmission:

Treatment: