

Ohio Outpatient Influenza-Like Illness Provider Enrollment Form

Please fill out the following information if you are interested in participating as a sentinel provider in the U.S. Outpatient Influenza-like Illness Surveillance Network (ILINet).

Person Responsible for Surveillance at Site: _____
(first and last name and title)

Primary Contact (person will who report each week): _____
(first and last name and title)

Practice Name: _____

Street Address: _____

City: _____ **County:** _____

ZIP Code: _____ **Phone Number:** _____

Fax Number: _____

E-mail Address: _____

Type of Practice (circle one): Emergency Medicine Family Practice Infectious Disease
 Internal Medicine OB/GYN Pediatrician
 Student Health Urgent Care
 Other (specify): _____

***Fax completed forms to your local health department or to Nic Fisher, Ohio's influenza surveillance coordinator at (614)-564-2499.**

