



Platte County Health Department

2015-2016 Influenza Reporting Form

Facility Name/Contact: _____ Please fax weekly to: 816-858-2087

Today's Date:		Test Date:	
Age:		Sex:	Male / Female
City/Zip:		County:	
Please circle:	Influenza A		Influenza B
	Influenza A&B		Influenza N/T
	Clinic	Hospital	School
	Influenza vaccine for 2015-16? Y N Unk		
	Date Given:		

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