



Platte County Health Department 2017-18 Influenza Reporting Form

Reporting Facility Name/Contact: _____

Report Date: _____ Please fax weekly to: 816-858-2087

Test Date:		City:	
Age:		Zip:	
Sex:	Male / Female	County:	
Type:	Influenza A	Influenza B	Untyped/ Unknown
Influenza vaccine for 2017-18? Yes No Unk			
If Yes, Date Given:			

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