



Platte County Health Department 2019-20 Influenza Reporting Form

Reporting Facility Name: _____

Report Date: _____ Please fax reports on a weekly basis to: 816-858-2087

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|--|---------------|-----------------|-----------------------|--|--|
| Test Date: | | Patient City: | | | |
| Age: | | Patient ZIP: | | | |
| Sex: | Male / Female | Patient County: | | | |
| Type: | Influenza A | Influenza B | Not typed/ Unknown | | |
| Influenza vaccine for 2019-20? Yes No Unk | | | | | |
| If Yes, Date Given: | | | | | |

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