



## Platte County Health Department 2020-21 Influenza Reporting Form

Reporting Facility Name: \_\_\_\_\_

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

Test Date:		Patient City:			
Age:		Patient ZIP:			
Sex:	Male / Female	Patient County:			
Type:	Influenza A	Influenza B	Not typed/ Unknown		
Influenza vaccine for 2020-21?    Yes    No    Unk					
If Yes, Date Given:					

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