



Platte County Health Department 2018-19 Influenza Reporting Form

Reporting Facility Name/Contact: _____

Report Date: _____ Please fax every week 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 2018-19? Yes No Unk					
If Yes, Date Given:					

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