**Influenza Reporting Season:**

**2022–2023**

**Please fax to the Epidemiology Program at 816-595-4392 or email to epi@clayhealth.com before 10am every Friday. Please fill in all fields and remember to ask patient if they received the vaccine when possible**

**Date Faxed: Faxed By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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| --- | --- |
| **Today’s Date:** | **Test Date:** |
| **Age:** | **Zip:** |
| **City:** | **County:** |
| **(Please Circle)**  Influenza A Influenza A&B  Influenza B Influenza N/T | **(Please Circle)**  Clinic  Hospital  School |
| **(Please Circle) Influenza Vaccine:** Yes or No |  |

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