



Kentucky Public Health
Prevent. Promote. Protect.

Influenza-Like Illness ILI.Net Surveillance Site Provider

DATE: _____

Full Name of Practice:	
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Please Indicate Type of Practice:					
<u>Health Department</u>	<u>Urgent Treatment Center</u>	<u>Hospital</u>	<u>Physician's Office</u>	<u>College or University</u>	<u>Other: (Explain)</u>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Healthcare Provider:	
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Address of Practice:	
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Phone Number:	
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Fax Number:	
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Contact Person for Surveillance:	
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Title:	
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Email Address:	
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Please return this form to:	Email: Carrie.Tuggle@ky.gov FAX: 502-564-4760 Mail: Carrie Tuggle Assistant Influenza Surveillance Coordinator Kentucky Immunization Program 275 East Main Street HS2E-B Frankfort, KY 40621 Phone: 502-564-4478 x. 4266
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