



2017-2018 INFLUENZA LOG REPORT

Name of Reporting Agency: _____

NAME (PRINT)	HOME ZIP	AGE	DATE COLLECTED	TEST METHOD			RESULT			2017 FLU SHOT		TAMIFLU PROVIDED	
				Rapid	PCR	Other	A	B	Unk	Y	N	Y	N
			/ /	Rapid	PCR	Other	A	B	Unk	Y	N	Y	N
			/ /	Rapid	PCR	Other	A	B	Unk	Y	N	Y	N
			/ /	Rapid	PCR	Other	A	B	Unk	Y	N	Y	N
			/ /	Rapid	PCR	Other	A	B	Unk	Y	N	Y	N
			/ /	Rapid	PCR	Other	A	B	Unk	Y	N	Y	N
			/ /	Rapid	PCR	Other	A	B	Unk	Y	N	Y	N
			/ /	Rapid	PCR	Other	A	B	Unk	Y	N	Y	N
			/ /	Rapid	PCR	Other	A	B	Unk	Y	N	Y	N
			/ /	Rapid	PCR	Other	A	B	Unk	Y	N	Y	N
			/ /	Rapid	PCR	Other	A	B	Unk	Y	N	Y	N
			/ /	Rapid	PCR	Other	A	B	Unk	Y	N	Y	N
			/ /	Rapid	PCR	Other	A	B	Unk	Y	N	Y	N
			/ /	Rapid	PCR	Other	A	B	Unk	Y	N	Y	N

- Please **MARK** your answer for the following: test method, result type, flu shot, and Tamiflu provided
- Please complete and return a **NEW FORM EACH WEEK** (Sunday to Saturday) to ensure no duplicates in the system

Please fax forms to our Communicable Disease Division at 636-949-7414 or email to svannatta@sccmo.org. Thank you.