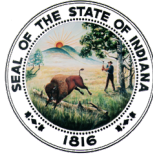




**Indiana
Department
of
Health**



Eric J. Holcomb
Governor

Lindsay M. Weaver, MD, FACEP
State Health Commissioner

Indiana Outpatient Influenza-like Illness Surveillance Network (ILINet) Enrollment Form

Name of Health Care Facility: _____

Facility Type:

- | | | |
|---|--|---|
| <input type="checkbox"/> Emergency Medicine | <input type="checkbox"/> Internal Medicine | <input type="checkbox"/> Student Health |
| <input type="checkbox"/> Family Practice | <input type="checkbox"/> OB/GYN | <input type="checkbox"/> Urgent Care |
| <input type="checkbox"/> Infectious Disease | <input type="checkbox"/> Pediatrician | <input type="checkbox"/> Other: _____ |

Mailing Address: _____

County of Practice: _____

Facility Phone #: () _____

Facility FAX #: () _____

Primary Contact Person: _____

Primary Contact Person Phone #: _____

Primary Contact Email address: _____

Additional Contact Person: _____

Additional Contact Email address: _____

Please FAX completed form to the Infectious Disease Epidemiology and Prevention Division: 317-234-2812 or email to Layne Mounsey at LMounsey@health.in.gov.

To **promote**, **protect**, and **improve** the health and safety of all Hoosiers.