



Tarrant County Public Health
Division of Epidemiology and Health Information

INFLUENZA SURVEILLANCE ENROLLMENT FORM

Please join Tarrant County Public Health (TCPH) in safeguarding our community through the influenza surveillance program. TCPH asks that your organization perform the following:

I. LONG TERM CARE FACILITIES

- 1) Weekly completion and submission of the **Influenza Surveillance Weekly Report Form** to TCPH. The Influenza Surveillance Weekly Reporting form for Long Term Care Facilities requests the following information:
 - Dates of Reporting Week (Sunday through Saturday)
 - Facility Name
 - Average weekly census
 - Number of patients with influenza-like-illness by age group
 - Number of flu test performed, if any
 - Flu test results, if any

Please provide the following information:	
Facility Name: _____	
Influenza Surveillance Point of Contact	
Name: _____	
Title: _____	
Phone: _____	Fax: _____
E-mail: _____	

Please complete this form and submit via fax to TCPH Epidemiology and Health Information at (817) 850-2366 or email to Flu@tarrantcounty.com.

Again, thank you for participating in this important public health initiative; your participation is greatly appreciated.