



Fergus County Health Department

712 W. Main St, Suite 102, Lewistown, MT 59457 Phone (406) 535-7433

**Fax: (406) 535-7434**

Provider Name: \_\_\_\_\_

**2021-2022 Report Form for Cases of Confirmed and/or Suspected Influenza**

(Please note: Influenza is a mandatory, reportable communicable disease.)

Sunday through Saturday Week Ending: \_\_\_\_\_

**INFLUENZA:**

Name (Last, first)	County of Residence	Sex	DOB	Test (Positive/Negative)	Received 2021-2022 Seasonal Flu vaccine Yes/No	If positive for Influenza A, sent to DPHHS for confirmation? Yes/No	Client hospitalized? Yes/No

**Please fax report form to Fergus County Health Department each Monday**  
***EVEN if there are no cases from the previous week.***  
**Thank you for assisting with Communicable Disease Surveillance.**