

**Form for reporting weekly flu counts to the Alexandria Health Department.**

<b>ALEXANDRIA HEALTH DEPARTMENT Confidential Influenza Summary Report</b>	
Influenza Summary Report: (Report # and type only. No patient identification)  Number of Cases:            Type, if Known:	Week of reported flu cases (e.g. week of 12/3 to 12/9):
Name, Address, and Phone Number of Person Completing this Form:	Date Reported to Health Dept:
<b>For Health Department Use</b>	
	Date Received:

**Please fax reports to 703.746.4953.**