

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

ALEXANDRIA HEALTH DEPARTMENT Confidential Influenza Summary Report	
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:
For Health Department Use	
	Date Received:

Please fax reports to 703.746.4953.