



Eric J. Holcomb
Governor

Jerome M. Adams, MD, MPH
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: _____

Physical Address: _____

County of Practice: _____

Facility Phone #: () _____

Facility FAX #: () _____

Primary Contact Person: _____

Primary Contact Person Phone #: _____

Primary Contact Email address: _____

Additional Contact Person: _____

Please FAX completed form to the Epidemiology Resource Center: 317-234-2812

