



525-535 West Jefferson Street • Springfield, Illinois 62761-0001 • www.dph.illinois.gov

Become an Influenza Sentinel Provider

Please complete the form below to sign up as an Influenza Sentinel Provider or Laboratory Sentinel Site. You may fax this form to 217-524-0962 or email this information to dph.influenza@illinois.gov. If you have questions, please call the influenza program at 217-782-2016.

Are you interested in participating in the Provider ILINet Program, the Laboratory Program, or Both?

____ Provider ILINet Program ____ Laboratory Program ____ Both
(If participating in both programs, please complete all sections below. If only participating in one program, complete the appropriate section below.)

Are you interested in seasonal or year-round participation?

____ Seasonal Participation (week 40 through week 20) ____ Year-round Participation

Practice/Facility Name: _____

Practice Type: Family Practice Student Health Pediatrics
 Emergency Medicine Internal medicine Urgent Care
 Infectious Disease Other _____

Facility Address: _____

City and Zip: _____

Fax Number: _____

ILINet Contact Name: _____ Phone: _____

Title: _____

Alternate Contact Person: _____ Phone: _____

Title: _____

Email Address: _____

Alternate Email Address: _____

Lab Contact Name: _____ Phone: _____

Title: _____

Email Address: _____

Additional Comments or Questions: _____

For IDPH Use Only:

Provider ID: _____

Date Started: _____

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