



Alabama Department of Public Health (ADPH)
U.S. Influenza-like Illness Reporting Network
(ILINet) Application

- I agree to become a ILINet participant. Providers are asked to report the number of patients with ILI by age group and the total number of patients seen for the week.

Signature _____

Thank you!! Please complete the information below and fax to (334) 206-3734.

Practice Name: _____

Practice Type: Emergency Medicine Family Practice Infectious Disease
 Internal Medicine OB/GYN Pediatrician
 Student Health Urgent Care Other

Primary Contact's Name: _____

Primary Contact's Phone: _____

Practice Mailing Address: _____

City _____ Zip _____

Practice Physical Address: _____

City _____ Zip _____

County where practice is located: _____

Practice Phone #: (_____) _____

Practice Fax #: (_____) _____

E-mail address (to receive program updates): _____