

ILINet Sentinel Provider Enrollment Form

2024-2025 Influenza Season

West Virginia Office of Epidemiology and Prevention Services

Division of Infectious Disease Epidemiology

Phone: (304) 558-5358 ext. 2

Instructions: Please complete all questions on the form. Once complete, return the form by fax to (304) 558-8736 or by email to Makayla.A.Haynes@wv.gov. You will receive a confirmation email with more information once your enrollment has been completed in ILINet.

Practice Information

Practice Name: _____

Mailing Address: _____

City, State: _____

Zip: _____

County: _____

Phone Number: _____

Practice Type: _____

Point of Contact Information

Provider Name,
Credentials: _____

Email: _____

Primary Point of Contact: _____

Preferred Contact: Email Phone

Email: _____

Phone Number: _____

Alternate Point of Contact: _____

Preferred Contact: Email Phone

Email: _____

Phone Number: _____

Influenza Vaccine Information

Are you interested in receiving free adult influenza vaccine?

(Influenza vaccine can be requested in increments of 10 doses with a maximum of 50 doses. If you need to request more than 50 doses, please include a reason in the section below.)

Yes

No

Doses requested: _____

Justification (if needed): _____

Are you a Vaccines for Children (VFC) provider?

Yes

No

Additional Information

Have you participated in West Virginia's Influenza-like Illness Surveillance Network before?

Yes

No

How many patients are seen in the practice on a weekly basis?

Less than 500 patients per week

500 or more patients per week

Have you contacted the local health department to inform them of your participation?

Yes

No