

ILINet Sentinel Provider Enrollment Form

2023-2024 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 Jillian.L.Wall@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 100 doses. If you need to request more than 100 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

How would you like to receive your ILINet Provider Information Packet?

Mail a hard copy to my practice

Email me a digital copy