IDPH QUESTIONNAIRE
SWINE FLU TESTING

PATIENT NAME	*(last)*		Date Of Birth ____/____/____ Month/ Day /Year
	(first)		Sex _____M_____F
Address	*(Street)*		*(City)*
	(State)	*(Zip Code)*	*(Phone)*
Specimen Collected Date	____/____/____ Month/ Day /Year	Time:____:____ am/pm	By:
Date of Onset of flu-like symptoms: ____/____/____ Month/ Day /Year			Rapid flu results (if known):

Epidemiological history

Travel to the following affected areas:	Dates of travel:
Contacted the following individuals who have flu-like symptoms and have traveled recently to affected areas:	Dates of contact with the listed individuals: