



# MARYLAND Department of Health

Larry Hogan, Governor · Boyd K. Rutherford, Lt. Governor · Robert R. Neall, Secretary

## Division of Infectious Disease Surveillance Sentinel Provider: Sign-up Information

Dear Sentinel Provider:

Thank you for being willing to register as a Sentinel Provider for the upcoming influenza season. Please fill in **ALL** items in the spaces below unless marked “**optional**”.

Note: for “Type of Practice” (*not* an optional item), please enter one of the following:

- Emergency Medicine
- Internal Medicine
- Student Health
- Family Practice
- OB/GYN
- Urgent Care
- Infectious Disease
- Pediatrician
- Other (Specify)(\_\_\_\_\_)

<b>First Name:</b>	<b>State:</b>
<b>Last Name:</b>	<b>County:</b>
<b>Degree(s):</b> _____ (MD, PA-C, NP, RN or other (please specify))	<b>Zip Code:</b>
<b>Names 2: (Optional)</b>	<b>Phone Number:</b>
<b>Practice Name:</b>	<b>Type of Practice:</b>
<b>Street Address:</b>	<b>Email Address:</b>
<b>City:</b>	<b>Primary ILI Contact Information, including phone and email (if different)</b>

Please email to [mdh.flu@maryland.gov](mailto:mdh.flu@maryland.gov) or fax: (410-225-7615) “Attn: MDH Influenza Surveillance” when completed.

*Thank you!*