



John E. Baldacci, Governor

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Maine Influenza ILINet Provider Network Registration Form

Practice Name:

Practice Type:

- | | |
|---|---|
| <input type="checkbox"/> Private practice | <input type="checkbox"/> Emergency room |
| <input type="checkbox"/> Public health clinic | <input type="checkbox"/> University student health center |
| <input type="checkbox"/> Urgent care center | <input type="checkbox"/> Other : |

Practice Speciality:

- | | | |
|---|--|---|
| <input type="checkbox"/> Emergency Medicine | <input type="checkbox"/> Internal Medicine | <input type="checkbox"/> Student Health |
| <input type="checkbox"/> Family Practice | <input type="checkbox"/> OB/GYN | <input type="checkbox"/> Urgent Care |
| <input type="checkbox"/> Infectious Disease | <input type="checkbox"/> Pediatrics | <input type="checkbox"/> Other: |

Provider Name: (First) (Last)

License Type: MD PA-C NP DO Other:

Practice Address: (Street) (Town) (State) (Zip)

Practice Phone:

Practice Fax:

Other Contact Person: (First) (Last)

Contact's Phone:

Contact's E-mail:

If interested, check one of the following and fax this form to 207-287-6865 or e-mail to disease.reporting@maine.gov:

- Register my practice with the US/Maine ILINet Provider Network
- Provide me with more information
- Want to help in another way, please contact me to discuss

For more information please call 1-800-821-5821 and ask to speak with the influenza surveillance coordinator