

Form Approved

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**CEIRS Human Influenza Surveillance Study  
Form 1A: Screening and Enrollment Log Active Surveillance**

*To be maintained by Study Centers and made available upon request.*

The following table will be distributed in a Microsoft Excel format for use at individual medical centers; It is housed in a secure folder.

Row 1 represents column headings

Row 2: represents options available on a drop-down menu.

<b>Date</b>	<b>Shift</b>	<b>Age</b>	<b>Sex</b>	<b>Ethnicity</b>	<b>Race/ Ethnicity</b>	<b>Eligible Symptomatic Surveillance</b>	<b>Eligible Asymptomatic Surveillance</b>	<b>Eligible Influenza Positive</b>
<i>Mm/dd/yyyy</i>	<i>Morning Evening</i>		<i>Male Female</i>	<i>Hispanic or Latino  Non-Hispanic or Non-Latino</i>	<i>American Indian or Alaska Native Asian Black or African American Native Hawaiian or Other Pacific Islander White Other</i>	<i>Yes No</i>	<i>Yes No</i>	<i>Yes No</i>

<b>Enrolled?</b>	<b>Reason if not Enrolled</b>	<b>Reason if subject declined enrollment</b>	<b>If enrolled, Completed?</b>
<i>Yes No</i>	<i>Declined Left ED prior to enrollment Does not meet inclusion criteria Doesn't speak/read English Unable to consent No contact information Currently incarcerated Previously Enrolled Other</i>	<i>Did not like the idea of participating in a study. Felt too sick to be in the study Lack of Adequate Compensation. Did not want to receive a nasal swab. Did not want to return for Follow-Up Other</i>	<i>Yes No</i>