

Influenza active and passive surveillance project

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CEIRS of NIAID □□□□□

Chang Gung Memorial Hospital □□□□□□

Appointment card □□□□□

Name □□: _____

History ID □□□□: _____

Your next appointment to follow up your influenza-like illness infection will be:

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____□/____□/____□ yyyy/mm/dd

□□□ am/□□□ pm

Please call the below number if you have any questions □□□□□□□□□□(03)3281200 #3531

Chen Kuan-Fu

11/10/2014