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Study ID: _____

**CEIRS Human Influenza Surveillance Study
Form 3A: Subject Identification and Contact
Information**

**KEEP SEPARATE FROM REMAINDER OF FORMS
DO NOT ENTER INTO REDCap DATABASE**

Subject Identification:

Medical Record Number: _____

Name:

(First Name) (Middle Name) (Last Name)

Date of birth: __ __ / __ __ / __ __ __ __ (mm/dd/yyyy)

Contact Information:

Contact Telephone**: (____) _____ (Home/ Work/Cell)

Alternate Telephone 1: (____) _____ (Home/ Work/Cell)

Alternate Telephone 2 (____) _____ (Home/ Work/Cell)

Alternate Telephone 3: (____) _____ (Home/ Work/Cell)

****Please Note:** At least one telephone number is required, with at least two contact numbers strongly suggested.

Subject has provided permission to leave messages: No Yes

Permission to leave message with someone else: No Yes

Follow-Up Appointment:

Date: __ __ / __ __ / __ __ __ __ (mm/dd/yyyy)

Time: __ __ : __ __ (24-hour clock)